

# A PILOT EVALUATION OF THE CALIFORNIA CHILDREN AND FAMILIES COMMISSION KIT FOR NEW PARENTS



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The California Children and Families Commission

*by*

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# **A PILOT EVALUATION OF THE CALIFORNIA CHILDREN AND FAMILIES COMMISSION KIT FOR NEW PARENTS**

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## EXECUTIVE SUMMARY

The California Children and Families Commission (CCFC) supports education and services to benefit children ages 0-5 and their families. CCFC has produced the *Kit for New Parents* for distribution to California's 500,000 new parents. The Kit contains five videos, a *Parents Guide*, a baby book and 13 brochures about pregnancy and parenting. The purpose of this pilot evaluation was to test: 1) initial use and satisfaction with the Kit among parents; 2) impact of the Kit on their learning and behavior; and 3) the relative effectiveness of distributing the Kit at a prenatal visit, at a delivery hospital, or at home following birth.

**Methods:** A total of 368 mothers were surveyed at the time of Kit distribution and again approximately six weeks later to assess their use of the Kit, their reactions to it, what they learned and what they did differently as a result. A small group of new fathers who received the Kit was also surveyed. Additionally, focus groups with providers were conducted to obtain their responses to the Kit and suggestions for its use and distribution. The Kits were distributed through a variety of programs in six northern, central, southern, rural, and urban counties in California. Two of the programs served low-income clients only. Slightly over half of the Kits distributed were in English and the rest were in Spanish. Sixty percent of the mothers received the Kit at prenatal programs before they gave birth; the rest received Kits after birth, 26% at hospital discharge and 13% at a post-partum home visit.

**Results:** At both baseline and follow-up, mothers had very positive reactions to the Kit. At follow-up, 89% of mothers and 54% of their partners had used some portion of the Kit. Overall, 48% of the women in the study reported that they had changed their thinking or behavior because of the Kit, particularly in areas of child development, child nutrition, sleep and other safety issues and caring for themselves. From baseline to follow-up, there were significant increases in mothers' knowledge of where to get help for child care, medical care or quitting smoking, as well as for five of the six multiple-choice questions related to child development and child care. Although use and satisfaction with the Kit were universally high, women given Kits in the prenatal and home visit programs, as compared with women given Kits in the hospital, were more likely to have been shown what was inside the Kit when they received it, had more positive responses to it and made the most changes. Spanish-speakers reported especially high use of and satisfaction with the Kits. Fathers were also very appreciative of the Kit.

Providers who distributed the Kit were overwhelmingly positive about it and felt that it would greatly enhance educational efforts in all settings. They recommended extending its use to parents and providers in other settings, including pediatric clinics, Medi-Cal, CalWORKS, family courts, child care and Head Start.

**Conclusions:** The pilot distribution was a tremendous success. Parents appreciated, used and made many positive changes because of the Kit. These results strongly suggest that Kits should be distributed to all new parents statewide—especially during the prenatal period—and to parents of young children. Special attention is needed to include fathers, and to improve the effectiveness of distributions in hospitals.



## INTRODUCTION

Research during the past 20 years has increasingly documented the critical importance of parenting, especially during children's "early years." There is a wealth of information about how to have a healthy pregnancy and how to help children grow up physically, mentally and emotionally ready for school. However, there is still much to do to translate this knowledge into action. Although breastfeeding confers lifelong benefits on children, only 64% of California mothers breastfeed their babies. Immunization is crucial to children's health, but California still ranks 40<sup>th</sup> among states in coverage. Since the Academy of Pediatrics recommended in the early 1990's that babies sleep on their backs, deaths from SIDS have been reduced by half. However, many parents are still unaware of this life-saving information. Likewise, many parents are unaware of the importance of reading to and closely interacting with their babies.

In 1998, California voters passed Proposition 10, the California Children and Families Act to help the youngest Californians, from infants to five-year-olds, get the best start in life. Prop 10 is funded by taxes on tobacco products, which currently generate \$700 million each year for California programs for young children and their families. The initiative is carried out by state and county commissions. The California Children and Families Commission (CCFC) is the leadership agency and statewide coordinator for the California Children and Families Act. The State Commission offers technical assistance to County Commissions to help develop education, infrastructure and training programs.

To further this goal, CCFC developed the *Kit for New Parents* to be distributed to 500,000 new parents. The Kit contains the following materials in English and Spanish:

- ◆ **Five videos** covering a broad spectrum of topics, including health and nutrition, child safety, finding quality child care, early literacy and other information pertinent to the early years. The videos were developed by the I Am Your Child Foundation in concert with a number of experts and stakeholder groups and with feedback from focus groups.
- ◆ **The Parents Guide**, a parent-focused edition of *The Wellness Guide* which has been in use in California for over 10 years. These guides are developed by the University of California, Berkeley School of Public Health in collaboration with hundreds of experts and parents.
- ◆ **A series of 13 brochures** covering parenting issues, including: reading, tobacco, health and nutrition, oral health, immunizations, quality child care, Shaken Baby Syndrome, Sudden Infant Death Syndrome, and a number of safety issues. These materials were developed by CCFC with the assistance of federal, state and private agencies.
- ◆ ***Animals to Count***, a children's board book by Brian Wildsmith, which parents can read to babies from birth.

In order to make decisions about the distribution of the Kit, CCFC contracted with the University of California, Berkeley School of Public Health to conduct a pilot evaluation of the Kit with parents and providers statewide. UC Berkeley worked closely with members of County Commissions and with providers to design and implement the study. UC Berkeley contracted with the Field Research Corporation, a nationally-known social science and statistical research firm, to conduct interviews with parents.





## METHODS



# METHODS

## Research Design

The evaluation of the Kit was intended to address three main issues: 1) the initial use and satisfaction with the Kit among those receiving it, 2) the impact of the Kit on those who received it, and 3) the relative effectiveness of three different methods of distributing it. To address the first two issues, recipients were surveyed approximately six weeks after Kit distribution to ascertain what parts of the Kit they used, how they felt about it, and what they did differently as a result of using it. Additionally, comparisons of recipients' knowledge regarding certain key issues were made across two time periods: at Kit distribution (T1), and approximately six weeks later (T2). For the third issue, comparisons were made between responses of recipients obtaining the Kit via three distribution methods a) prenatal programs, b) hospital maternity wards, and c) post-partum home-visiting programs. Additionally, focus groups with Kit distributors and other providers were conducted to obtain insights on the relative strengths and weaknesses of each of the three distribution modes. Finally, although we had some information reported by mothers on their partners' use of the Parent's Kit, we were interested in obtaining some more direct feedback from men on their use of the Kit. We therefore conducted a small informal "ad-on" study of new fathers' reactions to the Kit.

## Outcomes of Interest

Four major types of variables were employed in the evaluation. Each type of variable was represented by several items in the data collection instruments that were administered at T1 and T2.

1. ***Use and satisfaction with the Kit.*** For *use*, each recipient was asked which parts of the Kit she or he read or viewed, including the videos, colored brochures, *Parents Guide*, and baby book. *Satisfaction* items included "When you got the Parent's Kit, how did you feel about it?" and "Now that you've had the Parent's Kit for a while, how do you feel about it as a resource for new parents?"
2. ***Changes made as a result of using the Kit.*** These included how information in the Kit was helpful in caring for the family and baby, and specific changes in thinking and behaviors attributed to the Kit. These items were asked only at T2 of the predominant subset of recipients reporting having used the Kit.
3. ***How to find help for parents and children.*** These items concerned how to find additional help, including quitting smoking, referrals for good quality child care, and obtaining free or low-cost medical care for babies. All of these items were asked at both T1 and T2, thereby facilitating comparison.
4. ***Knowledge about child care and child development.*** These included items concerning sleeping positions, feeding, learning, and what to look for in seeking good quality child care. All of these items were asked at both T1 and T2, thereby facilitating comparison.

## Sample

Our goal was to distribute Kits in a number of counties across the State, including rural, urban, Northern, Central and Southern California counties, and also including some programs serving low-income clients. We sought to distribute approximately 50% of the Kits in English and 50 % in Spanish. We wanted to give half of the Kits to mothers before they gave birth through distribution at prenatal programs, and the remaining half to mothers after they gave birth through distribution at hospital maternity wards (25%) and postpartum home visiting programs (25%).

To meet these goals, we requested participation from a variety of programs in diverse locations.

- ◆ **Prenatal** programs included the Alameda Tri Cities Clinic, the Santa Clara Valley Health Center at Bascom, Modoc County's Perinatal Outreach Education program, and the Lassen Children and Families Commission. To include a substantial proportion (50%) of low-income participants in the prenatal sample, we requested participation from the Public Health Foundation's large-scale Women, Infants and Children (WIC) program serving Los Angeles and Orange counties.
- ◆ **Hospitals** from which we requested participation included Summit Hospital in Alameda County and Santa Clara Valley Medical Center.
- ◆ **Postpartum home visiting** programs from which we requested participation were located in Alameda and Lassen counties. Alameda County was at that time just mounting their CCFC-funded program to conduct home visits with consenting mothers giving birth at several major hospitals. The program agreed to include Kit distribution at some of these home visits. In Lassen County, a public health program agreed to distribute Kits to mothers who had given birth within the past six months.

Although we attempted to ensure that Kit recipients were from a variety of geographical areas and ethnic and language groups, our sampling strategies were not intended to yield a representative sample. The counties were not stratified to ensure proportional representation by region, population size, ethnicity, primary language, or WIC participation. Participating programs were not randomly selected, but rather were chosen based on the criteria described above.

All programs approached agreed to participate. Between October 10 and Nov. 20, 2000, a total of 440 Baseline Questionnaires were completed, and each of these subjects was given Kits. The Alameda Home Visiting Program continued to recruit until the end of the calendar year due to difficulties in integrating Kit distribution into their initiation of their postpartum home-visiting program. For this report, however, data are included only from the 440 cases recruited by Nov. 20.

As Kit distribution progressed, minor changes were made in recruitment goals across the individual programs within each distribution mode. This was done to accommodate differences from the expected number of mothers available to be recruited during this short time period. **Table 1** below shows the final distribution of cases among counties across the three distribution modes for the data included in this report.

**Table 1: Baseline Recruitment (Phase I), October 9 - Nov. 20, 2000**

Site of Presentation	County	English	Spanish	Total
<b>Pre-Natal Program</b>	Alameda Tri Cities	15	35	50
	Santa Clara	28	32	60
	Modoc	16	-	16
	Lassen	18	2	20
	Southern CA WIC	57	64	121
<b>Subtotals</b>		<b>134</b>	<b>133</b>	<b>267</b>
<b>Hospital</b>	Alameda Summit	33	29	62
	Santa Clara	23	30	53
<b>Subtotals</b>		<b>56</b>	<b>59</b>	<b>115</b>
<b>Postpartum Home Visit</b>	Alameda*	32	13	45
	Lassen	13	-	13
<b>Subtotals</b>		<b>45</b>	<b>13</b>	<b>58</b>
<b>TOTALS</b>		<b>235</b>	<b>205</b>	<b>440</b>

\* The Alameda Postpartum Home Visiting program Phase II recruitment took place between Nov. 21 and Dec. 31, 2000. Cases recruited in Phase II will receive follow-up interviews after the New Year and their data will be included in the March report.

To collect feedback from fathers, a convenience sample of eight English-speaking and seven Spanish-speaking men was recruited in the Bay Area from health clinics and other settings. All the men were expecting or new fathers.

### Assessment Instruments

There were two questionnaires developed for the study: one instrument for the Baseline (T1), collected at the time of Kit distribution, and a second for Follow-up (T2), collected approximately six weeks later. A third assessment instrument was developed in the form of an interview guide for focus groups of providers.

**The Baseline Questionnaire** was designed for group or individual administration in both English and Spanish. (See **Appendix A**).

- ◆ **The questions regarding *knowledge of child development and care*** were developed specifically for this study. The knowledge areas included sleeping positions for infants, infant feeding, infant learning, and what to look for in seeking good quality child care. Each of these knowledge areas was a key issue addressed and reinforced in the Kit materials. Two to three multiple-choice questions were developed for each knowledge area in order to increase the reliability of the instruments. For each question, three possible answers were given, one of which was correct. Additionally, a mother could select "not sure."
- ◆ **Questions about *how to seek help*** were adapted from assessment instruments used in a statewide evaluation study of *The Wellness Guide*<sup>12</sup>. Mothers were asked where they might

seek help for three different health issues: quitting smoking, finding a list of quality child care providers, and signing up for free or low cost medical care for babies. For recipients who said they knew where to get help to quit smoking and where to find a list of child care providers, an open-ended follow-up question was included to find out where they would seek help or look for a list of providers. For the item on free or low-cost medical care for babies, only the closed-ended initial question was included.

- ◆ **Demographic items** included age, race/ethnicity, and information about the pregnancy or birth.
  - ◆ If pregnant, the point during a woman's pregnancy at which she completed the questionnaire.
  - ◆ If the mother had given birth, the infant's birthplace and birth date.
- ◆ **The final item asked the mother if she had any questions** concerning the care of babies and young children.
- ◆ **The language in which each questionnaire was completed** (English or Spanish) was coded.

During its development, the Baseline Questionnaire was pretested in both English and Spanish with a sample of 10 individuals, and revisions were made to a small number of questions and answer choices as a result. Additionally, two other Spanish translators reviewed the initial translation of the English questionnaire into a Spanish version. A number of refinements were made to increase the quality of the Spanish language questionnaire. For example, the English response "on their stomachs" for infant sleeping positions was translated to "boca abajo" – mouth down – because this is the way a Spanish speaker would describe that sleeping position.

**The Follow-up Questionnaire** was adapted from the baseline instrument, translated into Spanish, and formatted for Computer Assisted Telephone Interview (CATI) technology. This technology allows the telephone interviewer to input the data directly into an electronic database during the course of the interview and ensures that each applicable question is read to the respondent while inapplicable questions are skipped. (See **Appendix B**).

- ◆ **How to seek help and knowledge of child development and care.** Items on these topics were repeated as worded in the **Baseline Instrument**, with care to ensure comparability between the self-administrated and CATI questionnaire form.
- ◆ **Kit distribution.** Three questions were asked about the distribution of the Kit. First, to judge the level of effort at the time of the distribution, mothers were asked, "When you got the Parent's Kit, did someone open the box and show you what's inside?" And next they were asked, "How helpful was it (or would have it been) to have someone go through the Parent's Kit with you?" Mothers were also asked if their partner was with them when they first got the Kit.
- ◆ **Kit use and helpfulness of information.** Two questions were asked to find out which parts of the Kit the mother and her partner had used so far (Had she or her partner read the baby book, seen the videos, ready any of the brochures, or read the *Parents Guide*?). If mothers had used any portion of the Kit, they were asked if any information in the Kit had been helpful to them. If any had been, an open-ended, follow-up question was asked to find out what type of information had been helpful.

- ◆ **Changes made by mothers as a result of using the Kit.** Three questions were asked of each mother who had used some portion of the Kit, to determine if she had made specific changes as a result. First she was asked, “Have you changed your thinking or done anything differently because of the Parents Kit?” If she had, she was asked what changes she had made. Mothers who had used the Kit were also asked if the Kit had helped them with any of their “choices about breastfeeding.”
- ◆ **Satisfaction.** Mothers were asked two questions about their satisfaction with the Kit—at the time of distribution (“When you got the Parent’s Kit, how did you feel about it?”) and after they had had a chance to live with it, (“Now that you have had the Parent’s Kit for a while, how do you feel about it as a resource for new parents?”).
- ◆ **Future use.** Mothers were also asked how likely they would be to use the Kit in the future (very likely, somewhat likely, not too likely). Those who answered very likely or somewhat likely, were asked to describe how they might use it.
- ◆ **Two additional items** were included for Kit users on specific subjects of interest. One item was included to ascertain knowledge of the dangers of shaking a baby. Another was to find out their recommendation about whether or not the Kit should be given to all new parents in California.
- ◆ **Finally, two demographic** items were included to increase our information about the subjects: whether this was the woman’s first baby or not, and the number of years of education she had completed.

Field Research Corporation pretested the Follow-up Questionnaire by re-contacting the cohort of 10 women who participated in the pretest of the Baseline Questionnaire. Telephone interviews were conducted with each of these women. A few revisions were made to the questionnaire as a result. In addition, the interviewers were debriefed after the first week of data collection to ensure that no further changes were needed. No changes were made as the result of this debriefing.

*An Interview Guide* for the focus groups of providers was developed to elicit their responses to a few key issues. Specifically, questions addressed: the process of orienting parents to the Kit, the parents’ reactions to the Kit, the providers’ assessment of the value and appropriateness of the Kit for new parents, how the Kit fits with their current job responsibilities, and their recommendations for future training of providers and distribution of the Kit (see **Appendix C**). A second interview guide was developed for conducting telephone conference calls with county CCFC representatives to discuss their views on the future distribution of the Kit.

## **Training of Kit Providers**

A standardized one to two hour training on distributing the Kit to mothers was conducted for health care providers from prenatal programs, delivery hospitals, and post-partum home visiting programs (See **Appendix D**). The providers included nurses, health educators, outreach workers, and county CFC staff. A total of nine trainings were conducted for 40 providers, with no more than eight providers in each training group. Trainings were conducted on-site at programs in Alameda, Los Angeles, and Santa Clara, and by telephone for programs in Lassen and Modoc

due to travel and time constraints. Providers who could not attend the local training were trained according to the standardized protocol by a supervisor who had attended the training.

The training was interactive and designed to develop providers' familiarity with and skill using the Kit. The training covered: background information about CCFC and the development of the Kit, review of the contents of the Kit, procedures for obtaining the mother's consent and completing the baseline questionnaire, and procedures for orienting mothers to the Kit. Providers were given training packets with key handouts, forms, and the *Parents Guide*. They had the opportunity to role-play obtaining a mother's consent, completing the baseline questionnaire, orienting the mother to the Kit, and using the Kit to find the answer to a question the mother might have. Participants viewed a video clip from the Kit and were encouraged to take a Kit home, view all of the videos, and familiarize themselves the contents of the Kit to prepare for orienting parents to the Kit.

## Data Collection

### *Phase I*

Baseline Interviews, and the distribution of the Kit to mothers afterwards, were generally done in one-on-one sessions in the hospital and home visiting programs and in both one-on-one and group settings for the prenatal programs. We did not, however, attempt to track for individual subjects whether the interviews and Kit distributions were made in groups or individually. In a previous statewide distribution of *The Wellness Guide* (which is similar to the *Parents Guide*), results showed no difference between individual and group distribution<sup>1</sup>.

**Baseline Interviews** were collected at the time of Kit distribution. Data collection began on October 10, and ended six weeks later on November 20, 2000. In both the group and individual modes of distribution, the public health nurse or other program coordinator invited the subjects to participate in the "Talking with Parents Study" and asked them to complete the Consent Form (see **Appendix E**). Early in the study, the number of refusals to consent was carefully tracked to ascertain whether changes were needed in the recruitment forms or procedures (refusals were rarely encountered).

Each Consent Form was printed in duplicate on self-carbon paper. This permitted giving the mother a copy of the Consent Form once it was completed. Each Consent Form included a sequence number, that is, a unique number generated by the printer. Once the Consent Form was signed, the sequence number was recorded on the Baseline Questionnaire completed by the mother. Thus a unique identifying number linked the Consent Form and Baseline Questionnaire for each subject.

At some sites, mothers completed the Baseline Questionnaire themselves; however, at other sites, if the population being served had low literacy skills, a nurse or program coordinator read the questions aloud to the mother and completed the form for her. The Baseline Questionnaire was designed to minimize any potential differences between the two modes of data collection. For example, the response category "not sure" appeared for a number of items on the questionnaire and could be selected by those mothers completing the forms



themselves. For this reason, the questionnaire was formatted to indicate that if the questions were to read to the mother, the response category "not sure" had to be read in addition to the other response items. We did not attempt to track for individuals whether they completed the questionnaire themselves or if, instead, a health care provider read it to them.

The final question in the Baseline Questionnaire, which asked mothers if they had any questions about caring for babies or young children, was used by the provider to transition from questionnaire completion to Kit presentation. At this point, the provider reviewed the Kit contents with the mothers, first responding to their individual questions and then going over the contents more generally.

Once a week, the Baseline Questionnaires were shipped to the Field Research Corporation. Upon receipt, the questionnaires were entered into a receipt control system and subjected to careful scrutiny to ensure that all recruited mothers were eligible for the study and that the data were complete. A few mothers had been recruited that were ineligible for the study, for example, visitors to prenatal programs who had already given birth — and these cases were not included in the study. Telephone numbers had not been provided on a small percent of consent forms, and these were researched through directory assistance and other means by Field Research Corporation.

### ***The Follow-up Interview***

The Follow-up Interviews were conducted by phone in English and Spanish by experienced interviewers at Field Research Corporation. Six interviewers — three English-speaking and three bilingual (English/Spanish) — were provided three hours of training on the project. The interviewers worked from paper "call records" but the interviews themselves were conducted using a CATI system that allowed interviewers to read questions from a computer screen and directly enter respondents' answers into an electronic data base. Interviewers made up to 15 attempts to reach the mothers by phone to complete the interview. At the time of recruitment, the subjects were asked to provide the name of a friend or relative on the consent form. The secondary number, if provided, was called if the interviewers were unable to reach the parent at the primary number.

The Follow-up Survey field period commenced on November 22 and ended December 31, 2000. One week in advance of the follow-up interview call, a letter with an \$10 "Thank You" cash incentive payment enclosed was sent, letting subjects know to expect a call. The interviewing was organized in weekly waves so that approximately six weeks elapsed between receiving the Kit and receiving the follow-up telephone call. The mothers therefore had approximately six weeks during which to review the Kit materials prior to being interviewed for the Follow-up Survey. To the greatest degree possible, this six-week "window" was held constant for the duration of Follow-up interviewing. The only exception to this rule occurred for a small number of mothers recruited during the final week (November 14-20), for whom only five weeks elapsed prior to follow-up. The final week of interviewing (December 18-22) was also used to contact respondents who were not available to be interviewed earlier.

A large majority of mothers completed their Follow-up Interview within a few days of their initial call. However, some were not home or were otherwise not available during their designated call back week. Efforts to reach all mothers continued through the end of the field period (December 22). As a result, a small percentage of mothers had more than six weeks (up to a maximum of 12 weeks) between their receipt of the Kit and their telephone interview during which they could review the Kit.

Overall, 84% of those who completed a Baseline Interview participated in a Follow-up Interview. Only eight subjects (2%) refused the Follow-up Interview. Five of these eight refusers volunteered that she or he had not yet had the opportunity to review the Kit. The remaining non-interviews (14%) were due to difficulties in locating and interviewing the recruited subject (phone number disconnected, respondent unknown at the telephone number that had been recorded on the Consent Form, phone disconnected, etc.). **Table 2** below provides summarized results for the Follow-up Survey.

Survey completion rates were highest for those receiving the Kits in prenatal programs, and lowest for those receiving Kits in the hospital. This was not due to refusals, but was instead due to some hospitalized mothers not correctly recording their full addresses and telephone numbers on the Consent Form, thus making follow-up problematic.

**Table 2: Follow-Up Survey Completion**

<b>Interview Status</b>	<b>Total</b>	<b>%</b>
Completed entire interview	333	76
Completed but did not use Kit	35	8
Unable to contact (no answer, respondent unknown, disconnected, other)	59	13
Language Barrier	5	1
Refused: Have not looked at Kit	5	1
General Refusal	3	-
<b>GRAND TOTAL</b>	<b>440</b>	<b>100</b>

### ***Phase II***

Our goals for recruitment were met for prenatal programs and hospital distribution. However, because of the need for a gradual ramp-up of Alameda's comprehensive home-visiting program, Kit distribution rates in this venue were lower than expected during the six weeks of interviewing and Kit distribution.

To reach our recruitment goal of subjects for Alameda County's postpartum home visiting program, we implemented Phase II of Baseline Interviewing and Kit distribution. During this second phase of Kit distribution began on November 21 and ended on December 31, an additional 102 Baseline interviews were completed. Follow-up interviews with these mothers will be done during February, after they have had the Kit for six weeks.

This report presents data from the 368 subjects who completed both the Baseline and Follow-up Interviews. The data from the Phase II recruitment of 102 additional subjects are not included because Baseline questionnaires only have been collected from these subjects.

**Table 3** below shows how the inclusion of the additional 102 Phase II subjects are expected to bring the distribution of cases across the three distribution venues closer to the original study recruitment goals.

**Table 3: Comparison of the Distribution of Baseline Cases Across Distribution Modes, Phase I Only, or Phases I and II Combined**

Distribution Mode	Baseline, Phase I Only		Baseline, Phases I and II Combined	
	N	%	N	%
Prenatal Program	267	60	267	49
Hospital	115	26	115	21
Postpartum Home Visit	58	13	160	30
<b>TOTALS</b>	<b>440</b>	<b>100%</b>	<b>542</b>	<b>100 %</b>

### Focus Groups and Conference Calls with Providers

One to 1 1/2 hour focus groups were conducted with health care providers who distributed the Kits at prenatal programs, delivery hospitals, and post-partum home visits. Focus group sizes ranged from 2-11 providers, and representatives from all of the pilot counties participated. A total of six focus groups was conducted with 31 health care providers. The focus groups were conducted on-site for providers in Alameda, Los Angeles, and Santa Clara, and by telephone for Lassen and Modoc. The focus group facilitator followed a standardized interview guide (See **Appendix C**). The focus group discussions were documented by a note-taker and audiotapes. In addition to these focus groups, four statewide conference calls were conducted November 27-29, 2000 with CCFC providers. The purpose of these calls was to orient CCFC providers to the Kit pilot program, receive their feedback about the Kit and methods for its distribution. In addition, the calls were intended to help identify CCFC providers willing to take the lead in their counties with the Kit program.

### Coding of Open-ended Questionnaire Responses

Two members of the research team developed preliminary codes based on the various domains the Kit was designed to address. Team members reviewed the verbatim responses from the first 170 cases and refined the coding scheme accordingly. Several staff members independently coded these verbatim responses in the first 170 cases. Inter-rater agreement was 85%. Codes were compared and any differences were reviewed and resolved. The coding categories and the

first 170 cases with the codes noted on the verbatim comments were then forwarded to the Field Research Corporation for its use in coding the remaining questionnaires. The coding for all 366 cases was returned to the research team and all assigned codes were reviewed.

### **Study of Fathers**

To collect feedback from the 15 fathers, Baseline questionnaires and consent forms were completed the time of Kit distribution. Attempts were made to administer Follow-up Questionnaires by phone with these 15 fathers, and nine completed the Follow-up interview.

### ***References***

- King, SM, Popham, WJ: *An Evaluation of the WIC Wellness Guide Distribution Project*. Report submitted to the California Wellness Foundation. Los Angeles, CA, IOX Assessment Associates, 1994.
- Neuhauser, L, Schwab, M, Syme, SL, Bieber, M, Obarski. SK: Community participation in health promotion: evaluation of the California Wellness Guide. *Health Promotion International*. 13(3):211-222. 1998.

## SURVEY RESULTS



## SURVEY RESULTS

This report presents the preliminary results of Phase I of the evaluation study based on data provided by the 368 mothers who completed a baseline questionnaire when the Kit was distributed as well as a follow-up interview prior to December 22, 2000. Phase II results including an additional 102 women who received the Kit at a home visit, will be reported in March. The report will focus on the outcomes of primary interest as described earlier in the Methods Section and will be presented in the following order:

1. Demographic characteristics of mothers completing both interviews.
2. Use and satisfaction with the Parent's Kit.
3. Mothers' reported changes as a result of using the Kit.
4. Comparison of mothers' T1 and T2 responses regarding how to find help for parents and children.
5. Comparison of mothers' T1 and T2 knowledge about child care and child development.

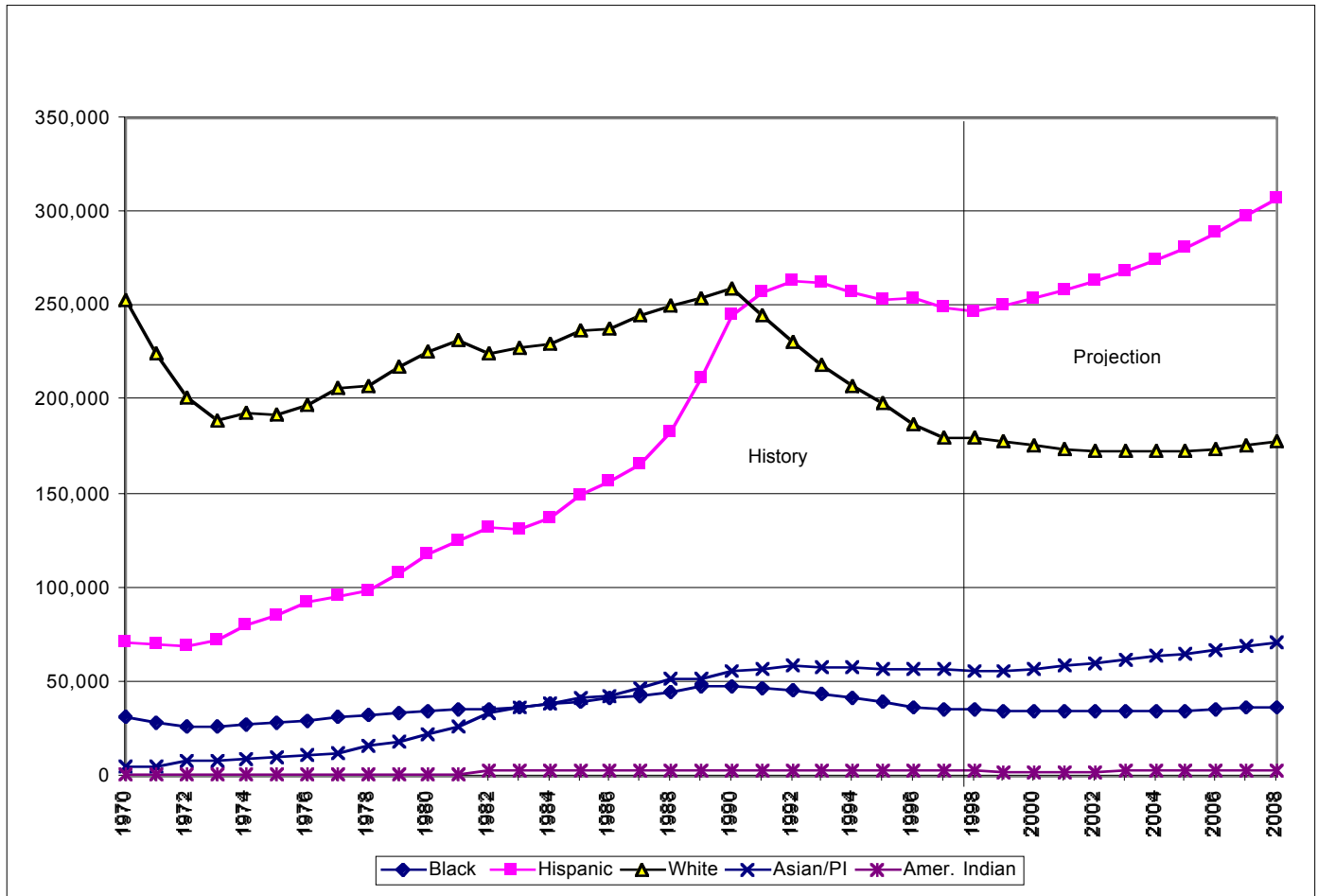
We will also note significant differences related to the Kit distribution mode (comparing the responses of mothers who received Kits in prenatal programs, hospitals, or during home visits), as this information may bear on future decisions related to Kit distribution.

### **Demographic Characteristics of Mothers Completing Both Interviews**

The demographic information contained in **Table 4** was gathered from mothers during the initial and follow-up interviews. The number of women completing initial interviews in English and Spanish was roughly equivalent (190 versus 175). Eight women who completed an English baseline questionnaire completed the follow-up interview in Spanish. The highest percentage (69%) of study participants identified themselves as Hispanic, with 16% Caucasian, 8% Asian or Pacific Islander, and 5% African American. As shown in **Figure 1**, ethnicities of mothers giving birth in California are currently: 48% Hispanic, 33% White, 11% Asian/Pacific Islander and 7% African American.

Sixty-three percent of the women in the study were given a Kit at a prenatal clinic, 24% were given a Kit after their hospital delivery, and 13% (during the time period under consideration in this report) were given a Kit at a postpartum home visit. Twenty-three percent of the mothers were teens, 30% were in their early twenties, 27% in their late twenties, and 19% were age 31 years or older. Fifty percent of the mothers reported that this was their first baby. The largest percentage (41%) of mothers had finished between 10 and 12 years of school, with 19% completing only nine years or less, 17% completing vocational school or a two year Associates degree, and 23% completing four or more years of college.

**Figure 1. California Births by Ethnicity**



Source: CA Department of Finance, Demographic Research Unit

**Table 4: Percentage of Total Group Reporting Demographic Characteristics**

<b>Demographic Characteristics</b>	<b>Total Group n=368</b>
Language of Initial Survey	
English	52%
Spanish	48%
Distribution Method	
Prenatal Clinic Visit	63%
After Hospital Delivery	24%
Postpartum Home Visit	13%
Age (@ time of Kit distribution)	
20 and under	23%
21-25 years	30%
26-30 years	27%
31 and older	19%
Percent First Baby (Reported @ 2 <sup>nd</sup> Interview)	50%
Percent Breastfed at Any Time (n=184; Reported @ 2 <sup>nd</sup> Interview)	91%
Percent Currently Breastfeeding (n=167; Reported @ 2 <sup>nd</sup> Interview)	80%
School Level Completed	
Six years or less	10%
Seven to nine years	9%
Ten to twelve years	41%
Vocational school	17%
College	23%
Race/Ethnicity	
African American	5%
Asian or Pacific Islander	8%
Caucasian	16%
Hispanic	69%

**Table 4** also presents the results for two questions on breastfeeding for those mothers whose babies were born prior to the follow-up interview. The first question asked if they had breastfed at any time since the baby's birth. Of the 184 moms responding to this question, 167 (91%) answered affirmatively. These 167 moms were also asked if they were currently breastfeeding, and 80% responded affirmatively.



As shown in **Table 5**, the number of women who were pregnant dropped from 63% at T1 to 46% at T2. The percentage of women currently enrolled in any kind of health insurance for their baby rose from 75% at T1 to 81% at T2. This positive shift was noteworthy, but slightly shy of being statistically significant.

**Table 5: Demographic Comparisons Pre- and Post-Distribution**

<b>Demographic Comparisons</b>	<b>% Of Total Group Pre-distribution</b>	<b>% Of Total Group Post-distribution</b>
Currently Pregnant	63%	46%
Currently Enrolled in Any Kind of Health Insurance for baby	75%	81%
Currently Enrolled in MediCal (self)	70%	68%

#### Subgroup Differences

Overall, 69% of the women in the study self-identified as Hispanic. 74-75% of the women in prenatal programs and hospitals self-identified as Hispanic, whereas only 35% of the women recruited in home visiting programs identified themselves as Hispanic.

For age, first baby, breastfeeding and all other ethnic groups except Hispanic, there were no significant differences in the demographics of the women recruited at the three types of programs.

- ◆ Women recruited in the hospital were more likely to have completed six years or less of school, and a higher percentage of women who were recruited through home visiting programs completed college (42% v. 21% and 16% of women in the other two settings.)
- ◆ Enrollment in Medi-Cal varied significantly among women recruited in the three types of settings at T1 (Prenatal 70%, Hospital 84%, and Home Visiting 44%), as well at T2 (Prenatal 69%, Hospital 76%, and Home Visiting 46%).
- ◆ It should also be noted that 73% of the women recruited at prenatal clinics were still pregnant at T2.

## **Use and Satisfaction with the Kit**

### ***Kit Distribution***

Approximately six weeks after they received it, mothers were asked about their experience of the distribution of the Kit. As shown in **Table 6**, 80% reported that someone opened the box and showed them what was inside. The interviewer also asked the mothers how helpful that had been. The women who had not been shown the contents of the box were asked how helpful it might have been to have someone go through it with them. Overall, 64% of the women responded that it was or would be “very helpful,” while 29% indicated “somewhat helpful,” and 7% responded “not too helpful.” Twenty-nine percent of the women were with their partner or the baby’s father when they first got the Kit.

**Table 6: Percentages of Mothers' T2 Responses Related to Kit Distribution**

Questions	Response Categories	% of Total Group
When you got the Parent's Kit, did someone open the box and show you what's inside? (n=359)	Yes	80%
How helpful was it (or would have it been) to have someone go through the Parent's Kit with you? (n=365)	Very helpful	64%
	Somewhat helpful	29%
	Not too helpful	7%
Was the baby's father or your partner with you when you first got the Parent's Kit? (n=368)	Yes	29%

Subgroup Differences.

- ◆ Whereas 88% of those during a home visit and 93% of those in prenatal programs were shown the contents, only 38% of women given a Kit in the hospital reported that someone showed them what was inside the Parent's Kit when it was given to them.
- ◆ Significantly more women in prenatal programs (71% v. 54% of those in either a hospital or a home visiting program) found it "very helpful" to have someone go through the Kit with them.
- ◆ Spanish-speakers were more likely to find it "very helpful" to have someone go through the Kit with them than were English-speakers (74% v. 56%).

***Use of the Parent's Kit and Helpfulness of Information***

During the first six weeks, the majority of the women reported using *all* the contents of the kit. When asked whether she or her partner had read the cardboard baby book, 78% of the women responded affirmatively and 38% said that their partner or the baby's father had also read it. Women were also asked about their use of each of the other types of materials in the Kit—whether they had seen any of the videos, read any of the brochures, or read any portion of the *Parents Guide*. In **Table 7** below, a woman who said that she or her partner had used any of the remaining Kit components was counted as having *net use* of the Kit materials. Eighty-nine percent of the mothers had used some portion of the Kit aside from the cardboard baby book, while 54% of their partners had used some portion of the Kit other than the baby book.

Each woman who reported using any portion of the Kit was asked, "Has any information in the Parent's Kit been helpful in caring for yourself, your baby, or your family?" A full 94% of the women said yes. When asked to describe the information that had been helpful, they offered a wide range of responses, with the highest number regarding general parenting help (58%), child nutrition (35%), and child development and parenting (28%). For example, one woman said, "There were things I didn't know, such as drinking alcohol, which affects the baby's mental development. Also the harm cigarettes can cause babies." Another women said "I learned how to take care of myself, not like when I had my first baby."

**Table 7: Percentages of Mothers' T2 Responses Related to Their Use of the Kit and the Helpfulness of that Information**

Questions	Response Categories	% of Total Group
Have you... (n=368)	Read the baby book	78%
	NET USE OTHER MATERIALS (Used any of the videos, brochures, and/or the Parent's Guide)	89%
Has the baby's father or your partner... (n=368)	Read the baby book	38%
	NET USE OTHER MATERIALS (Used any of the videos, brochures, and/or the Parent's Guide)	54%
Has any information in the Parent's Kit been helpful in caring for yourself, your baby, or your family? (n=327)	Yes	94%
If yes, types of helpful information (n=308)*	General Parenting Help	58%
	Child Nutrition	35%
	Child Development and Parenting	28%
	Child Safety	20%
	Pregnancy and Childbirth	16%
	Child Care	6%
	Accessing Services	4%
	Other	6%
How likely are you to use the Parent's Kit in the future? (n=326)	Very likely	74%
	Somewhat likely	24%
	Not too likely	2%
How do you think you might use it? (n=319)*	General Learning	59%
	Reference	42%
	Share	31%
	Other	3%

\*Multiple answers were allowed and multi-part answers were coded in all appropriate categories.

Mothers were also asked how likely they were to use the Kit in the future. Seventy-four percent said that they were "very likely" to use it, with 24% indicating that they were "somewhat likely" to use it. Only 2% said "not too likely." Afterwards, interviewers asked those mothers who indicated that they were likely to use the Kit to describe how they might use it in the future. Responses were sorted into categories, with multi-part responses coded into multiple categories to fully reflect the range of statements. Fifty-nine percent of the mothers' projected future use related to general learning. For example, the following response was coded general learning: "I'll sit down and watch the videos and go through the Kit with my baby's father so he can learn how to take care of the baby too." Another general learning response was, "I would use the brochures to be updated on new information when I had another child."

Forty-two percent of the mothers believed they might reference the Kit in the future, such as looking for an answer to a specific question. For example, "The guide book will be a resource when I have certain questions." Another example of a reference response: "I will refer to the different brochures and guide book as my child gets older." Thirty-one percent of the mothers also mentioned sharing the Kit with others in the future. For example, "All my neighbors have babies and I am inviting them to come see the videos." Another woman said, "I'd like to watch the videos with my four-year-old son. It would help him get used to a new sister or brother."

### Subgroup Differences

- ◆ Whereas 94% of women in home visiting and prenatal programs had seen the videos or read the brochures or *Parents Guide* prior to the second interview, women given the Kit in the hospital reported a lower use of the Kit components (75%). This trend held true for women's partner's use as well.
- ◆ Not surprisingly, a significantly higher percentage of women in home visiting programs mentioned information related to child development and parenting as helpful.
- ◆ Also as expected, the highest percentage of women reporting information about pregnancy and childbirth as helpful were in prenatal programs.
- ◆ When asked how likely they were to use the Kit in the future, a significantly lower percentage of women given a Kit in the hospital (64% v. more than 76% of women in the other settings) said they were likely to use it.
- ◆ A higher percentage of Spanish speakers reported watching the videos or reading the Guide or brochures compared with English speakers (95% v. 84%).

### **Mothers' Satisfaction with the Kit**

Overall, both when they first got the Kit and after they had had it for a while, mothers had extremely positive feelings about it. Initially 91% of the mothers held positive opinions about the Kit. One response about the Kit when she was given it, "I felt good. As soon as I got home, I started watching the videos and I even got emotional on the things we need to do with our kids so they turn out to be good, like the time you need to spend with them and how to discipline without hitting them." Another initial response, "I liked it very much. There's a lot of information, a lot of it is new for me even though this is my 4<sup>th</sup> baby." After having the Kit a while, the percentage of women positively disposed to it increased to 95%. Their responses were along the lines of "I think it's good for *all* parents, not only new ones." Another woman said, "It's something good to have because most people wouldn't know where to get help and resources. This helps, and that's good." All of the study participants were asked if the Kit should be given to all parents in California or not, and 99% said that it should.

**Table 8: Percentages of Mothers' T2 Responses Related to Their Satisfaction with the Kit**

Questions	Response Categories	% Total Group
When you got the Parent's Kit, how did you feel about it? (n=368)	Positive	91%
	Negative	---
	Mixed/neutral	9%
Now that you have had the Parent's Kit for a while, how do you feel about it as a resource for new parents? (n=333)	Positive	95%
	Negative	---
	Mixed/neutral	5%
Do you think the Parent's Kit should be given to all parents in California, or not? (n=333)	Yes	99%

### Subgroup Differences

94% of the women in prenatal programs and 92% of women in home visiting programs had an initial positive response to the Kit, as compared to 82% of women who received it in the hospital.

### **Mothers' Reported Changes as a Result of Using the Kit**

As shown in **Table 9**, 48% of the women in the study reported that they had changed their thinking or behavior because of the Parent's Kit. The interviewers asked those who answered affirmatively what types of changes they made. The most frequently cited changes were related to child development (35%), child nutrition (25%), learning something new (15%), some sort of change regarding self care (12%), sleep or crib safety (12%), another aspect of child safety (9%). Other specific changes in thinking and behavior included sharing information and finding services. It should be noted that 30% of the mothers described general changes like, "It is my first baby and I didn't know anything about taking care of babies, but the Kit is helping a great deal." Fifty percent of the mothers said that the Kit helped them with choices about breastfeeding.

Some of the reported changes included (see **Appendix F**):

*"I have stopped smoking altogether after I saw the material."*

*"I was going to just give my baby formula, but now I'm breastfeeding."*

*"My mom is old-fashioned and she's already telling me to put cereal in the baby's milk. So I told her now I wasn't supposed to do that."*

*"I learned to pay more attention to my baby. That I need to talk to him, spend time with him, read to him, because he's not there just to lay in his crib. Now I see him respond to me when I talk to him like he wants to talk, and he smiles."*

*"With my three year old, I have learned not to scream at her or lose my temper. I now communicate with her."*

**Table 9: Percentages of Mothers' T2 Responses Related to Their Reported Changes as a Result of the Kit**

Questions	Response Categories	% of Total Group
Have you changed your thinking or done anything differently because of the Parent's Kit? (n=325)	Yes	48%
If yes, types of changes made (n=155)*	Child Development	35%
	General Changes	30%
	Child Nutrition	25%
	Learned	15%
	Self Care	12%
	Sleep/Crib Safety	12%
	Other Child Safety	9%
	Shared Information	5%
	Found Services	3%
	Other	8%
Has the Parent's Kit helped you with any of your choices about breastfeeding? (n=333)	Yes	50%
Have you heard that shaking a baby can seriously injure a baby? (n=324)	Yes	95%
What have you heard or do you know about this? (n=309)*	Brain Damage	52%
	Other non-specific injuries	34%
	Death	33%
	Other specific injuries	19%
	Other	3%
Where did you hear or learn about this? (n=309)*	Service Provider	41%
	Parent's Kit	27%
	Ad Campaign	21%
	Family/Friend	16%
	Book	12%
	Parenting Class	4%
	Other	17%

\*Multiple answers were allowed and multi-part answers were coded in all appropriate categories.

In addition, study participants were asked if they had heard that shaking a baby could seriously injure a baby. A full 95% said that they had. When asked what they had heard or knew about it, 52% mentioned that it causes brain damage, 34% were not specific but claimed that it caused injuries (for example, "I know you shouldn't shake a baby it can be really harmful, especially with a newborn."). Another 33% said that it could cause death. Nineteen percent of the women named other specific injuries like "It could break or hurt his or her back or hands and feet" or "The spine could be damaged." When asked where they had learned about the dangers of shaking a baby, 41% mentioned a service provider, 27% said from the Kit, 21% said they learned

it from an ad campaign, 16% said they heard it from a friend or family member, and 12% read it in a book. Four percent of the women said they learned it in a parenting class and 17% identified various other sources of information.

#### Subgroup Differences

- ◆ Fewer (35%) women recruited from the hospital reported any changes in their thinking or behavior than women who were given a Kit in prenatal clinics (50%) or women given one in home visiting programs (56%).
- ◆ A higher percentage of Spanish speakers (54% v. 41% English speakers) reported changing their thinking or actions because of the Kit.

### **Comparison of Mothers' T1 and T2 Responses Regarding How to Find Help for Parents and Children**

Immediately prior to Kit distribution (T1) and approximately six weeks later (T2), mothers were asked about their knowledge of where to get help for three particular parenting issues. As shown in **Table 10**, for each of the three issues, there were statistically significant and positive shifts in their knowledge. With regard to quitting smoking, there was a substantial 47% increase. Mothers who knew where to find help listed some of the following as sources: a doctor or health service, a support group, the Kit, TV ads, and the phone book.

There was also a 75% increase in knowledge for where to look for a phone number to get a list of child care providers in the area. Mothers who responded affirmatively named the following as information sources: resource and referral organizations, the Kit, the phone book, a family or friend, a day care center/head start/preschool, or a health service. One response was "I found a child care provider through a number in the Parents Guide." It should be noted that women recruited from prenatal programs were the most likely group to identify the Kit as a resource for a list of child care providers at follow-up. Additionally, there was a 19% increase in women's knowledge for where to go or call to sign up for free or low cost medical care for babies.

**Table 10: Percentage of Affirmative Responses to Scenarios at T1 and T2 (n=368)**

<b>If you or a friend wanted to quit smoking, would you know where to get help?</b>		
<i>Pre-distribution</i> % Of Mothers Responding Yes <b>32%</b>	<i>Post-distribution</i> % Of Mothers Responding Yes <b>47%</b>	% Change* <b>+47%**</b>
<b>If you needed someone to take care of your baby, would you know where to look for a phone number to call to get a list of child care providers in your area?</b>		
<i>Pre-distribution</i> % Of Mothers Responding Yes <b>32%</b>	<i>Post-distribution</i> % Of Mothers Responding Yes <b>56%</b>	% Change <b>+75%**</b>
<b>If you needed it, would you know where to go or call to sign up for free or low cost medical care for babies?</b>		
<i>Pre-distribution</i> % Of Mothers Responding Yes <b>53%</b>	<i>Post-distribution</i> % Of Mothers Responding Yes <b>63%</b>	% Change <b>+19%**</b>

\* % Change = (Post% - Pre%) ÷ Pre%

\*\* Statistically significant change

### **Comparison of Mothers' T1 and T2 Knowledge About Child Care and Child Development**

Six questions relating to child development and child care were asked at both T1 and T2. When compared from T1 to T2, statistically significant and positive changes in women's knowledge were found for five of the six questions, as shown in **Table 11**. Only participants' performance on the item regarding child care (item 6) dropped two percent. This may be attributed to respondents' difficulty in choosing among three good choices. When asked at follow-up about the most important thing to look for in good quality child care, some respondents shifted from the preferred answer below of "caregivers who respond well to children" to "caregivers who teach the alphabet and numbers." Because the distinction between a good v. preferred choice is too fine, a clearer child care question should be used in any future research.

#### Subgroup Differences

- ◆ As expected, women recruited during a nurse home visit had the highest baseline knowledge on all questions. For example, for the item on the best way to feed a two-month old baby, home visited women performed better at baseline (83% knew the correct answer v. 63% of those from the hospital and 56% of women from prenatal clinics), but that statistical difference diminished at follow-up.
- ◆ For the item about the best time to start feeding a baby cereal or other solid food, the knowledge of women from prenatal clinics improved the least (only a two percentage point gain).



**Table 11: Percentage of Women Correctly Answering Questions at T1 and T2**

<b>Knowledge Items</b> (n=368)	<b>% Pre</b>	<b>% Post</b>	<b>% Change*</b>
1. Newborns should be put to sleep on their backs.	60%	78%	+30% **
2. The best way to feed a two-month old is with breast milk only.	61%	70%	+15% **
3. The best age to start feeding your baby cereal or solid food is four to six months old.	59%	67%	+14% **
4. The most important way for babies to learn is playing with adults.	40%	54%	+35% **
5. The best time to start reading to your child is during their first year.	73%	84%	+15% **
6. The most important thing when looking for good quality child care is caregivers who respond well to the children.	86%	84%	-2%

\* % Change = (Post% - Pre%) ÷ Pre%

\*\* Statistically significant change

- ◆ For the question about the best time to start reading to your child, again, women in home visiting programs were the most likely to select the correct answer both at T1 (85%) and T2 (96%). It should be noted, however, that the women recruited during home visits had the highest level of education across the three recruitment modes.
- ◆ English speakers had more correct answers than Spanish speakers did at baseline. By follow-up, some of these differences were no longer significant.

## RESULTS OF FOCUS GROUPS AND CONFERENCE CALLS



## **RESULTS OF FOCUS GROUPS AND CONFERENCE CALLS**

This section presents findings from six focus groups with providers who distributed the Kit in the Pilot, including the four statewide conference calls with CCFC providers who either had distributed or were considering the distribution of the Kit in their counties. It also includes information about the small study with dads.

### **Results of Focus Groups with Providers**

Qualitative analysis of the focus group discussions identified common themes expressed by the health care providers who distributed the Kit to parents in the pilot counties (or are considering distribution). Special attention was paid to the similarities and differences in the providers' experiences in the different types of settings (prenatal, delivery hospital, and post-partum home visits), and to the use of the Kit with special populations such as teen parents, first-time parents, immigrants, and non-English speakers.

### **Distributing the Kit to Parents**

Providers said that they felt well prepared by the training to distribute the Kit to parents. They said that it was easy to give parents the Kit because "the Kit was so attractive, it sold itself." Providers took approximately 10-20 minutes to explain the contents of the Kit, communicate their excitement about the materials, and address parents questions. Most providers oriented mothers to the Kit in a one-on-one session and felt this allowed them to "personalize the information for each family." Some prenatal providers incorporated the Kit into their group education sessions and found that parents benefited from the group discussion and that it was an efficient use of the provider's time.

Providers said that their biggest challenge in distributing the Kit to parents was the lack of time to do extensive education with the Kit in addition to their other job responsibilities. All of the providers agreed that the topics covered in the Kit reinforced and enhanced the health education they provide parents in prenatal, hospital discharge, and post-partum home visit settings. Most providers felt strongly that the prenatal and home visit settings offered the most time to discuss the Kit with mothers. They noted that during pregnancy, especially in the second and third trimesters, mothers were the most relaxed and the most attentive to learning about the contents of the Kit. In the hospital, on the other hand, they were often exhausted from labor and delivery. Home visitors said they found that it was best to discuss the Kit with new parents on the second home visit when the baby was about two weeks old and the mother had more energy and more interest in the Kit. An advantage cited for distributing the Kits at the delivery hospital, however, was that fathers and extended family members were more likely to be present and could be involved in the orientation to the Kit. A hospital outreach worker described the synergy that happened when an extended family discussed parenting issues as they looked at the Kit: "The father, grandparents, aunts, and uncles were all there. It was a very rich experience. Each family

member helped get the others excited about the Kit. And discussing important issues such as sleep position and feeding helped everyone start out on the same page in caring for the baby.”

## **Parents’ Reactions to the Kit**

Providers were thrilled to report parents’ excitement about the Kit. They reported parents feeling honored and incredulous that they were getting this attractive and informative Kit for free. All of the families, particularly those with low reading skills, were especially appreciative of the videos and the baby book. Parents reported liking the celebrities on the videos—parents listened to what the celebrities said because they commanded the public’s respect. Some families who did not have a VCR had plans to view the video at a relative or friend’s house. Immigrants and Spanish-speaking families were especially appreciative that all of the materials were in Spanish.

Most providers felt that first-time parents, teens, and immigrants who were isolated from their family network were the most enthusiastic about the Kit because they were anxious about their lack of parenting experience and hungry for information and support. A public health nurse described her first home visit with an 18-year old Hispanic first-time mom who was very nervous about caring for her two-day-old baby. The mom had prepared for her home visit by writing out a list of over 15 questions, so the nurse used the Kit to help her find the answers to her questions. The mom was surprised that the “little box” could answer so many of her questions. At the end of the home visit, she said that she was going to watch all of the videos and was excited about what she could learn from them. Another public health nurse returned to visit a 16-year-old mom a week after giving her the Kit and was surprised to see the contents of the Kit spread out on the teen’s bed. The teen excitedly told the nurse that she had seen all of the videos and reviewed all of the printed materials, which had made her think of even more questions to ask the nurse about how to care for her baby.

Providers noted that many experienced and older mothers were also very enthusiastic about the Kit. They recounted many moms saying, “I wish I’d had this information when I was having my other children!” and “So much has changed since I had my other kids, I need a refresher course.” One provider noted that in general more experienced moms seemed more relaxed about caring for their baby, so they could devote more of their energy to exploring the Kit and learning new information. A public health nurse described how a mother of a newborn with an older child was reluctant to receive the home visit because she was already experienced and didn’t have any questions. But when the nurse presented her with the Kit and information on infant states (e.g., alertness, sleepiness, irritability) and communication, the mom said, “This is great—I learned things I didn’t know before. And the videos are perfect to get my husband more involved—he’s a real video guy.”

Many parents expressed an interest in sharing the Kit with their friends and family who were pregnant and parenting. An outreach worker recounted how a mother who received the Kit said, “My neighbor needs to know about this Shaken Baby Syndrome. She flicks her newborn’s head to strengthen his neck.” The outreach worker subsequently visited the neighbor, who was a teen mom living with her teenage partner and his parents, to give them the Kit, discuss the key health

and safety topics, check on the safety of the baby, and make a referral for follow-up with a public health nurse.

### **Providers' Assessment of the Kit**

Providers were overwhelmingly positive about the information presented in the Kit. They felt that the Kit covered most of the key educational topics for pregnancy and early childhood, and that the material was presented in a clear, supportive and culturally sensitive manner. They also noted that the materials were valuable for parents across a wide range of socio-economic, educational and cultural backgrounds. One provider described the Kit as a “very nice, polished product. A great thing to enhance our services and provide a consistent message promoting health across the state.” A public health nurse described how the Kit enhanced her work: “This is not just a home care medical visit to check on the mom and baby physically, but it is a program that can help them become the very best parents and to give their babies the best start in life!”

Providers thought that the videos were particularly helpful because most people are visual and auditory learners and can model their practices on what they see and hear on a video. They also said that the cardboard baby book was especially valuable because it would be the first baby book that many families owned. Providers felt that the *Parents Guide* and the brochures had a wealth of important information that fit well with the health education they provide parents in prenatal and post-partum settings. One clinic director mentioned that her group had been “looking for a resource book like the *Parents Guide* for a long time.” Many providers noted, however, that the written materials in the Kit might be challenging for a parents with limited literacy skills.

Many providers said that they themselves had learned some important things from the Kit that they hadn't known. One provider ruefully described how when her own son was born 26 years ago, her cultural background had discouraged her from holding him a lot and showing him a lot of affection. She said, “I wish I'd known then what I learned from the Kit—that boy babies' brains are like girl babies' brains. You need to hold boy babies and show them affection too so they develop properly. Now I'm trying to make up for lost time by showing my grown-up son more affection.” Another provider said, “I learned lots of information about how to be a better grandmother and enjoy and bond with my grandchildren more.”

### **Providers' Recommendations for Future Distribution of the Kit**

All of the providers strongly recommended that the Kit be distributed to all new parents in California. Their specific suggestions include:

#### ***1. Modifications and additions to the Kit***

While providers overwhelmingly praised the videos, many were very concerned with some incorrect information in the videos *Your Healthy Baby* and *Child Safety*. For example, whereas the *Parents Guide* and the brochure “Reduce the Risk” clearly state that infants should be put to sleep on their backs to prevent SIDS, there is a video segment in *Your*

*Healthy Baby* in which a family asks the doctor how to put their baby to sleep and the doctor replies, “On its back or on its side.” Some providers felt that *Your Healthy Baby* included too many images of moms, dads, and grandparents bottle-feeding babies, and discouraging statements about breastfeeding, such as “If you can tolerate the first three days, you have accomplished a milestone because the sore nipples can be very painful,” and “You don’t have to feel guilty [if you formula feed],” which can undermine the promotion of breastfeeding. In *Your Healthy Baby* there is also an inaccuracy in the name of a vaccine for meningitis. Providers insisted that the most important corrections be made before the Kit is distributed statewide. Several providers suggested that the videos could also include information on other topics that are of common concern to parents: breastfeeding positions, weaning, dental health, toilet training, discipline, caring for children with special needs, common childhood illnesses, and when to call the doctor.

Providers felt that the brochures had excellent information but the large quantity of written information was a little overwhelming. They suggested that photos be added to the brochures to illustrate key points that are best understood visually, such as crib safety and breastfeeding positions.

Many providers noted that since parents appreciated the baby book so much, it would be helpful to add more “hands-on materials” to the Kit. Suggestions included: a developmental baby toy; teething ring/toothbrush; baby cup, spoon, dish and bib; canvas bag or diaper bag; safety covers for electric outlets; and a smoke detector. Several counties planned to add to the Kit a local resource directory for basic services including health care and child care. Most providers and parents did not like the “spaghetti paper” packing material in the Kit because of concerns that it was messy and that infants and toddlers might choke on it.

Although the research questionnaire was designed only for the pilot-test and not for the future distribution of the Kit, several providers noted that parents appreciated the opportunity to do a self-assessment. The questions helped parents see that “maybe they didn’t know it all,” that there was a lot to learn about parenting, and that they might find the answers to the questions in the Kit. They recommended adding to the Kit a brief self-assessment or list of common questions, with some pointers to help parents find the answers in their Kit.

Providers noted that the overwhelmingly positive response to the Kit among Spanish-speaking families was consistent with their experience that non-English-speaking families generally had a great unmet need for educational materials in their language. This underscored the urgent need to have the Kit translated into all of the major languages spoken in California, including Chinese and Vietnamese. One Vietnamese-speaking provider said, “Even though many young immigrants and second-generation parents are learning English, most still say, ‘I need the information in my native language.’ They learn better in their native language. And they can share the information with the baby’s grandparents, who don’t speak English, and who spend a lot of time caring for the baby.”

Providers noted that parents appreciated the ethnic diversity of the celebrities in the English videos. However, one provider noted that the Spanish videos were not as diverse—they had

mostly Cuban-American celebrities—and suggested that future Spanish videos feature celebrities from other backgrounds including Mexican-American and black Latinos.

## ***2. Settings for Distribution of the Kit***

Health care providers and CCFC administrators recommended distributing the Kit in a wide variety of settings. All of the providers favored distributing the Kits at prenatal care settings—including prenatal health clinics, ob-gyn offices, teen parent programs, prenatal education classes, and WIC programs. They noted that since crucial health and developmental issues for babies begin during pregnancy, parents need the information in the Kit “as early as possible.” It is helpful for parents to learn about some baby care issues, such as breastfeeding and child care and consider their options before the baby is born, “to get a running start.” Many providers noted that parents are “hungry for information” during pregnancy and often have a little more time and energy to explore educational materials before the birth, especially in the second and third trimester. Finally, providers noted that many prenatal programs, including WIC and CPSP (Comprehensive Perinatal Services Program), provide extensive health education for women throughout the pregnancy, and “the Kit fits perfectly with the program.” One CPSP provider stated, “We see them for repeated visits during pregnancy and we can use the Kit to reinforce and build on the important educational messages. There’s time for parents to digest the information. If there are things they don’t understand, they can ask us and we can clarify it.” While providers felt that it would be fairly simple to distribute the Kit through the public health prenatal clinics in each county, they noted that it would be logistically more challenging to recruit, train, and supply Kits to all of the private obstetric and family practice providers.

Providers and administrators favored distributing the Kit at delivery hospitals for families who did not attend prenatal care or did not receive the Kit from their prenatal provider. They judged that the delivery hospitals could present the simplest system, logistically, to distribute Kits to families. Almost all families in California deliver their babies at hospitals and delivery hospitals comprise a relatively small number of sites, which could facilitate staff training and Kit distribution. Furthermore, the information in the Kit will help hospital discharge nurses to fulfill one of their more important responsibilities—providing new parents with education on newborn care. The providers also thought that the Kit could spark the interest of fathers and other family members present at the hospital.

Providers and administrators favored distributing the Kit at post-partum home visits for families who did not receive the Kit during prenatal care or at delivery. Once families were at home with their babies, they were especially interested in learning about child development, health, safety and child care issues. Post-partum home visits, like prenatal care visits, afforded providers an extended period of time to work with families. This enabled them (or would enable them) to individualize the education in the Kit to fit the needs of each family and reinforce the educational messages over time.

Providers and administrators also recommended distributing the Kit in many other settings that the pilot study did not test: pediatric and CHDP clinics, dental clinics, Medi-Cal and CalWORKS offices, child care and Head Start programs, family courts, grandparent caregiver support networks, child welfare services, family maintenance and foster

care/adoption, homeless and battered women's shelters, substance abuse treatment centers and jails. In addition to giving the Kit to parents who had not already received one, these sites could provide invaluable longer term reinforcement of the Kit's educational messages for parents. Providers suggested that clinics and offices could show the videos in their waiting rooms. Pediatric/CHDP clinics could link their education at well-child visits to particular messages in the Kit, which parents could then review at home. Many providers urged that special efforts be made to reach out to fathers and grandparents, who provide a significant amount of care for young children and need the information in the Kit as much as mothers do.

Health care providers and CCFC administrators identified many logistical challenges in setting up a statewide and county-based system to distribute the Kit to all new parents in California. They were particularly concerned about the additional staffing and costs required of counties to ensure that adequate supplies of the Kit are ordered, shipped, stored, customized and transported to the distribution sites. In addition, administrators were concerned about the difficulty of setting up a distribution system that did not duplicate efforts but would be extensive enough to ensure that all families received a Kit.

Several providers commented that a big media campaign to roll out the Kit would be very effective. Television and radio commercials could feature families who received the Kit describing what it meant to them, what they learned, and what they are doing differently to promote their child's health and development. In response to the media campaign, parents would be likely to come to clinics and other programs asking for the Kit and they would be more likely to use it and value it.

### ***3. Training of Providers to Distribute the Kit to Parents***

Providers said that it was very helpful to have received training on the Kit. They said that the interactive style of training helped them familiarize themselves with the Kit and practice ways to introduce it to parents. While some providers found it difficult to make time for a one-to-two hour training, others said that they could have benefited from a more extensive training, possibly three to four hours long. Most providers had the opportunity to view only a few of the videos and read some of the written materials in the Kit, and they felt that they could have oriented parents to the Kit more effectively if the training had included time to review all of the videos and written materials in the Kit.

Providers suggested that training could be facilitated by producing a 20-30 minute training video that oriented providers to all of the materials in the Kit and showed a provider giving the Kit to parents in individual and group settings. They said that it would be particularly helpful to include a 5-10 minute compilation of previews of all five videos, which they could also show when orienting parents to the Kit.

All of the providers felt strongly that a sufficient quantity of Kits should be produced to allow Kits for providers as well as a Kit for each family. This would enable health care, child care, social service and other providers to familiarize themselves with the Kit and use it in all possible educational settings. The providers in the focus groups explained that the more familiar service providers are with the materials in the Kit, the more enthusiastic and



effective they will be in using the Kit to educate parents. And the more health care, child care, and social service providers use the Kit and reinforce the same messages with parents over time, the more likely it is that the Kit will have a significant impact on promoting the healthy development of children and families.

#### ***4. Feedback from Fathers and Providers working with them***

Our small sample of fathers was enthusiastic about receiving the Kit, especially before the baby was born. Fathers thought the information was just as important for them to have as the mothers.

*“I felt reassured and was happy to receive it. It looked like a quick, in-depth reference guide.”*

*“I wish I received it during my wife’s pregnancy. It provided a great service.”*

*“I will help my wife more and my future baby.”*

*“Now I know how to get information about my baby.”*

A few highly educated dads were appreciative, but questioned whether the materials were redundant with information (primarily books) they already had.

Several prenatal providers had special programs to include fathers, such as family discussion nights. Other providers were planning to make their clinics more “dad friendly.” Providers noted many ways to connect with fathers such as through prenatal visits and childbirth classes. Since divorce and separation rates are high, social service providers were especially concerned that Kits be given to approximately 100,000 fathers who receive partial or full custody of their young children through the family courts.



## SUMMARY AND DISCUSSION



# SUMMARY AND DISCUSSION

## Key Survey Findings

The pilot evaluation of the Parent's Kit was intended to answer three questions.

### ***1. Did mothers like the Kit? Did they open the box and look at the contents? Were the contents useful?***

Mothers were uniformly enthusiastic and appreciative about receiving the Kit and, in the six weeks since they received it, 89% had already looked at the videos and/or read the printed materials. Spanish-speaking women were especially appreciative; 95% of them used the Kits v. 84% of English-speaking women. This may be because they have fewer parenting resources available to them in Spanish. This is also likely to be true of other mothers who do not speak English. Over half the mothers reported that the baby's father or their partner had also looked at the materials. The small group of fathers participating in this study was positive about the Kit.

Of those who looked at the materials, 94% reported that the Kit was helpful to them and their family and 98% said that they were likely to use the materials in the future. Mothers most often found the Kit useful for general parenting help, such as information on child nutrition and child development. While first-time mothers were especially appreciative of these resources, even experienced mothers said the materials improved (or updated) their parenting skills. Nearly all of the women (99%) thought the Kit should be given to all new parents in California.

### ***2. Did mothers learn important things from the Kit? Did they make positive changes as a result?***

We compared mothers' knowledge about six important parenting issues before and after they received the Kits. While they had only about six weeks to learn from the Kits, there already was a 30% increase in knowledge about the importance of babies sleeping on their backs. Mothers showed a 35% increase in knowledge about the importance of adult interaction with babies. There was also improvement in knowledge about breastfeeding, when to begin solid foods, and when to start reading to babies. There was a 75% improvement in knowledge about finding quality child care and a 47% improvement in knowledge of resources to help quit smoking. In addition, there was a 19% increase in mothers' knowledge about finding free or low-cost medical care for babies.

In addition to these increases in knowledge, 48% of the women said they had already changed their thinking about how to care for their children and/or acted on those changes. Mothers reported many kinds of changes, such as quitting smoking, deciding to breastfeed, putting babies to sleep on their backs, and reading to their infants. Spanish-speaking mothers were even more likely than English-speaking mothers to make changes (54% v. 41%). Overall, Spanish-speaking mothers started with lower parenting knowledge on some key issues, but many of these differences diminished after using the Kit.

### ***3. Does it matter if the Kits are distributed in prenatal clinics, hospitals or at home?***

The vast majority of mothers used the Kit and found it helpful no matter where they received it. Mothers who received the Kit in prenatal or home visiting programs reported higher use (94%) than those who got the Kit in the hospital (75%). Mothers receiving the Kit in the hospital (38%) were less likely to be oriented to the Kit by someone opening the box and showing them what was inside than mothers who received it in a prenatal program (93%) or at a home visit (88%).

Ninety-two percent of the women who received the Kit in a prenatal or home visiting program initially responded positively, compared with 82% of those who received it in the hospital. Changes in thinking and behavior were higher among mothers who received the Kit at a home visit (56%) or in a prenatal program (50%) than among those who were given one in the hospital (35%). Women who received the Kit in a prenatal program were more likely to report that it helped them with breastfeeding choices (54%) than women who received it in the hospital (49%) or at a home visit (30%).

Overall, it appears that the Kit is most effective when given to mothers through prenatal and home visiting programs. This is likely to be because women are least receptive right after giving birth and because prenatal and home visiting providers spent more time orienting mothers to the Kit. Although it was less effective to give Kits to parents in the hospital, mothers still reported high use and satisfaction. Providers thought that hospital distribution was an important way to get the Kit to women who did not receive it before the birth and a good way to involve the baby's father or other family members.

### **Limitations of the Survey**

The sample used in this survey was small in size and was not designed to be statistically representative of the state of California. On the other hand, the sample did include pregnant women in typical prenatal programs in six California counties. In addition, the sample included a substantial number of parents from underserved populations who often have less access to health care and parenting information: 23% were less than 20 years of age, 19% had less than 10 years of schooling and another 41% had completed only high school. In addition, 70% were in the Medi-Cal program, and 48% preferred the Spanish-language version of the materials.

Another limitation concerns the length of the follow-up period. In this pilot survey, our follow-up period was only six weeks; we therefore do not know how parents will use the Kit over the long term or whether they will continue to learn and improve their parenting. Only a longer follow-up period will be able to answer these questions.

A third limitation is that we did not survey a comparison group of parents who received only the usual kinds of information about pregnancy and child care. It is therefore difficult to detect precisely the effects of the Kit.

## Recommendations

There is no question that delivering Kits to new parents has been a tremendous success. And there is no question that the Kits should be distributed statewide. The infant lives that will be saved because more parents know about the importance of babies sleeping on their backs, to take one example, makes the entire project worthwhile. However, we learned a number of things during the pilot project that will facilitate statewide distribution.

Many of these suggestions have been made in the text and we highlight only a few here:

- ◆ There are several inaccuracies in the videos and brochures that should be corrected.
- ◆ All providers who deliver Kits to parents should be given Kits of their own as well as training in the use and distribution of the Kits so that they are familiar with the materials and can use them in their work with parents and children.
- ◆ Priority should be given to distributing Kits in prenatal programs. The prenatal period is a critical time for making healthy behavior changes. Additionally, this is the time when parents are most receptive to learning. Providing Kits in the hospital is also important because it is easiest to find fathers there as well as parents who did not attend prenatal programs. Hospital delivery of the Kits insures that all parents will get a Kit. Delivery of the Kits at home is useful because visiting nurses can provide on-site support and encouragement. It is also important to consider a wide range of other sites for Kit distribution. For example, consideration should be given to pediatric, CHDP and dental clinics, Medi-Cal and CalWORKS offices, child care and Head Start programs, adoption/foster care and grandparent programs, shelters and jails.
- ◆ Every effort should be made to include fathers in the program. They very much appreciated and benefited from the Kit and their role in child care is, of course, crucial. The family courts would be an excellent way to distribute Kits to fathers caring for their children who might not otherwise have access to parenting materials.
- ◆ Parents who receive Kits should be followed periodically over several years. It is of great importance to know whether the information in the Kit results in better parenting and child health and development during the early years.

# **APPENDIX A**

## **Baseline Questionnaire**

TALKING WITH PARENTS	CONVERSANDO CON LOS PADRES
<p><b>Introduction:</b> We are interested in what people think about different issues involved in taking care of babies. <b>For each question below, please check the box next to the phrase that you most agree with.</b> (While you might agree with more than one answer, please check the box next to the ONE that you agree with MOST.)</p>	<p><b>Introducción:</b> Estamos interesados en lo que la gente piensa acerca de diferentes temas relacionados con el cuidado de los bebés. <b>En cada pregunta, marque el cuadro que corresponda a la respuesta con la que Ud. esté más de acuerdo.</b> (Siendo que Ud. puede estar de acuerdo con más de una respuesta, sólo marque la respuesta con la cual Ud. esté MAS de acuerdo.)</p>
SLEEPING	EL DORMIR
<p>1. Do you believe that newborns should be put to sleep...? (Check one box)</p> <p> <input type="checkbox"/> On their stomachs  <input type="checkbox"/> On their backs  <input type="checkbox"/> However they sleep best  <input type="checkbox"/> Not sure         </p>	<p>1. ¿Cree Ud. que se debe poner a dormir a los bebés recién nacidos ...? (Marque un cuadro)</p> <p> <input type="checkbox"/> Boca abajo  <input type="checkbox"/> Boca arriba  <input type="checkbox"/> De la forma en la que duerman mejor  <input type="checkbox"/> No estoy segura         </p>
FEEDING	LA ALIMENTACION
<p>2a. Do you believe that the <u>best</u> way to feed a two-month old baby is with...? (Check one box)</p> <p> <input type="checkbox"/> Breast milk only  <input type="checkbox"/> Formula only  <input type="checkbox"/> Breast milk and formula  <input type="checkbox"/> Not sure         </p> <p>2b. Do you think the <u>best</u> age to <u>start</u> feeding your baby cereal or other solid foods is...? (Check one box)</p> <p> <input type="checkbox"/> 0-3 months  <input type="checkbox"/> 4-6 months  <input type="checkbox"/> 7 or more months  <input type="checkbox"/> Not sure         </p>	<p>2a. ¿Cree Ud. que la <u>mejor</u> forma de alimentar a un bebé de dos meses de edad es con...? (Marque un cuadro)</p> <p> <input type="checkbox"/> Leche materna solamente  <input type="checkbox"/> Fórmula solamente  <input type="checkbox"/> Leche materna y fórmula  <input type="checkbox"/> No estoy segura         </p> <p>2b. ¿Cree Ud. que la <u>mejor</u> edad para <u>comenzar</u> a darle cereal u otros alimentos sólidos al bebé es...? (Marque un cuadro)</p> <p> <input type="checkbox"/> De 0-3 meses  <input type="checkbox"/> De 4-6 meses  <input type="checkbox"/> A partir de los 7 meses o más  <input type="checkbox"/> No estoy segura         </p>
HOW CHILDREN GROW AND LEARN	COMO LOS NIÑOS CRECEN Y APRENDEN
<p>3a. Do you think the <u>most</u> important way for babies to learn is...? (Check one box)</p> <p> <input type="checkbox"/> Watching educational TV shows  <input type="checkbox"/> Playing with toys  <input type="checkbox"/> Playing with adults  <input type="checkbox"/> Not sure         </p> <p>3b. Do you think the <u>best</u> time to <u>start</u> reading to your child is...? (Check one box)</p> <p> <input type="checkbox"/> During their first year (ages 0-1)  <input type="checkbox"/> When they are ages 2-4  <input type="checkbox"/> When they are in kindergarten (ages 5-6)  <input type="checkbox"/> Not sure         </p>	<p>3a. ¿Piensa Ud. que la forma <u>más</u> importante de que los bebés aprendan es...? (Marque un cuadro)</p> <p> <input type="checkbox"/> Mirando programas educativos de TV  <input type="checkbox"/> Jugando con juguetes  <input type="checkbox"/> Jugando con adultos  <input type="checkbox"/> No estoy segura         </p> <p>3b. ¿Piensa Ud. que la <u>mejor</u> época para <u>comenzar</u> a leer a su niño/a es....? (Marque un cuadro)</p> <p> <input type="checkbox"/> Durante el primer año (edades 0-1)  <input type="checkbox"/> Durante la edad de 2-4  <input type="checkbox"/> Cuando está en el "kinder" (edades 5-6)  <input type="checkbox"/> No estoy segura         </p>



TALKING WITH PARENTS	CONVERSANDO CON LOS PADRES (PAGE 2)
<b>SMOKING</b>	<b>EL FUMAR</b>
4a. If you or a friend wanted to quit smoking, would you know where to get help with quitting? (Check one box)	4a. Si Ud. o un/a amigo/a quisiera dejar de fumar, ¿sabría Ud. dónde encontrar ayuda para dejar de fumar? (Marque un cuadro)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy segura
4b. If yes, where might you get help?	4b. Si contestó sí, ¿dónde encontraría ayuda?
<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
<b>CHILD CARE</b>	<b>EL CUIDADO DE LOS NIÑOS</b>
5a. Do you believe the <u>most</u> important thing when looking for good quality child care is...? (Check one box)	5a. ¿Piensa Ud. que lo <u>más</u> importante cuando se busca servicios para el cuidado infantil de buena calidad es que el lugar tenga...? (Marque un cuadro)
<input type="checkbox"/> New toys and equipment <input type="checkbox"/> Caregivers who teach the alphabet and numbers <input type="checkbox"/> Caregivers who respond well to the children <input type="checkbox"/> Not sure	<input type="checkbox"/> Juguetes y equipo nuevo <input type="checkbox"/> Personas que enseñan el alfabeto y los números <input type="checkbox"/> Personas que respondan bien a las necesidades de los niños <input type="checkbox"/> No estoy segura
5b. If you needed someone to take care of your baby during the day, would you know where to look for a phone number to call to get a list of child care providers in your area? (Check one box)	5b. Si Ud. necesitara encontrar a alguien para que cuidara a su bebé durante el día, ¿sabría Ud. dónde buscar un número de teléfono al cual llamar para obtener una lista de personas que proveen este servicio en su área? (Marque un cuadro)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No estoy segura
5c. If yes, where might you look for a list of child care providers in your area?	5c. Si contestó sí, ¿dónde encontraría una lista de proveedores en su área?
<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>

## HEALTH CARE

6a. If you or someone you knew needed it, would you know where to go or call to sign up for free or low cost medical care for babies? (Check one box)

- ☐ Yes  
☐ No  
☐ Not sure

6b. Are you currently enrolled in any kind of health insurance or other program to get medical care for this baby?

- ☐ Yes  
☐ No

6c. Are you currently enrolled in Medi-Cal?

- ☐ Yes  
☐ No

## SERVICIOS DE SALUD

6a. Si Ud. o alguien a quien Ud. conoce lo necesitara, ¿sabría Ud. adónde ir o dónde llamar para anotarse en un programa de servicio de salud gratuito o de bajo costo para bebés? (Marque un cuadro)

- ☐ Sí  
☐ No  
☐ No estoy segura

6b. ¿Está Ud. inscrita en este momento en algún tipo de programa de seguro de salud u otro programa para obtener servicios de salud para su bebé?

- ☐ Sí  
☐ No

6c. ¿Está Ud. en este momento inscrita en Medi-Cal?

- ☐ Sí  
☐ No

## SOME QUESTIONS ABOUT YOU

7a. What is your present age?

\_\_\_\_\_ (years)

7b. Are you of Hispanic origin or descent, for example: Latin American, South American, Mexican, Puerto Rican or Cuban?

- ☐ Yes  
☐ No

7c. What is your race? (Check one box)

- ☐ Black/ African American  
☐ Asian or Pacific Islander  
☐ White/ Caucasian  
☐ Other (*specify*) \_\_\_\_\_

## UNAS PREGUNTAS ACERCA DE UD

7a. ¿Cuántos años de edad tiene?

\_\_\_\_\_ (años)

7b. ¿Es Ud. de origen hispano, por ejemplo: Latinoamericano, Sudamericano, Mexicano, Puertorriqueño o Cubano?

- ☐ Sí  
☐ No

7c. ¿A qué raza pertenece? (Marque un cuadro)

- ☐ Negro/ Afroamericano  
☐ Asiático o Isleño del Pacífico  
☐ Blanco/ Caucásico  
☐ Otro (*especifique*) \_\_\_\_\_

7d. Are you pregnant now?

☐ Yes IF YES:☐ No

How many months pregnant are you now?

\_\_\_\_\_ (months) (7e)

7f. Did you have a baby in the past 6 months?

☐ Yes IF YES:☐ No

When was your baby born?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (7g)  
month day year

What is the name of the hospital where you had your baby?

\_\_\_\_\_ (7h)

7d. ¿Está Ud. embarazada en este momento?

☐ Sí SI CONTESTO SÍ:☐ No

¿Cuántos meses de embarazo tiene en este momento?

\_\_\_\_\_ (meses) (7e)

7f. ¿Tuvo un bebé en los últimos seis meses?

☐ Sí SI CONTESTO SÍ:☐ No

¿Cuándo nació su bebé?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ (7g)  
mes día año

¿Cuál es el nombre del hospital donde tuvo su bebé?

\_\_\_\_\_ (7h)

## WHAT ARE YOUR QUESTIONS?

8. What are your questions concerning the care of babies and young children?

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**You are done. Thank you very much!**

Please return this to the person who gave it to you.

## ¿CUALES SON SUS PREGUNTAS?

8. ¿Cuáles son sus preguntas relacionadas al cuidado de bebés y niños jóvenes?

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**Ya acabamos. ¡Muchísimas gracias!**

Por favor regrese esto a la persona que se lo dio.

## TO BE COMPLETED BY INTERVIEWER

9. County: \_\_\_\_\_

10. Interviewer Name: \_\_\_\_\_ 11. Interview Date: \_\_\_\_\_

12. Interview Venue (check one): ☐ Prenatal program ☐ Postpartum home visit ☐ In hospital

# **APPENDIX B**

## **Follow-Up Questionnaire**

## ENGLISH VERSION

### FOLLOWUP INTERVIEW FOR PARENT'S KIT SURVEY

Hello, my name is \_\_\_\_\_ from Field Research Associates. May I speak with {R FIRST AND LAST NAME}?

Q1. Hello, may I confirm that I am speaking with {R FIRST AND LAST NAME}? [PAUSE FOR ANSWER] Ms. {R. LAST NAME}, my name is {INTERVIEWER NAME}. About a month ago at the {COUNTY/VENUE} you were offered a Parent's Kit. The Parent's Kit came in a brightly colored box and contained videos and books with information for parents and parents-to-be. Do you remember receiving the Parent's Kit?

YES.....1 - **GO TO Q4**

NO.....2 - **GO TO Q2**

DON'T KNOW.....DK - **GO TO Q2**

REFUSED.....REF - **GO TO Q2**

Q2. Do you remember the Parent's Kit or do you still have it? [IF NEEDED, SAY: The Parent's Kit came in a yellow and white box with blue, green and red baby blocks. The blocks said, "It's all about the kids." Inside the box, there were some brochures, a Parent's Guide, a little baby book and some videos. Do you remember getting that?]

YES.....1 - **GO TO Q4**

NO.....2 - **GO TO Q3**

DON'T KNOW.....DK - **GO TO Q3**

REFUSED.....REF - **GO TO Q3**

- Q3. May I verify that I am speaking with {R FIRST NAME AND LAST NAME}  
SPEAKING TO CORRECT PERSON.....1 - **GO TO Q4**  
NOT SPEAKING TO CORRECT PERSON.....2 - **TRY TO OBTAIN CORRECT PERSON,  
THEN RESUME AT Q1**  
DK/NO SUCH PERSON.....DK - **GO TO CONTACT RECORD. CODE AS  
“6 - wrong # / eligibility not determined”**  
REFUSED.....REF - **GO TO CONTACT RECORD. CODE AS  
“6 - wrong # /eligibility not determined”**
- Q4. And did you receive a letter in the past few days that contained a \$10 bill and a reminder that we would be calling  
for a follow-up interview?  
YES.....1 - **GO TO Q6**  
NO.....2 - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**  
DON'T KNOW.....DK - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**  
REFUSED.....REF - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**
- Q5. There must be an error in our records. Please excuse us for the inconvenience and thank you for your time.  
**1 – END INTERVIEW. GO TO CONTACT RECORD. CODE AS “6 - wrong # /eligibility not determined”**
- Q6. [IF Q4=NO READ:] Now that you’ve had the Parent’s Kit for a while, we’d like to conduct a brief interview with you  
now about baby care and the Parent’s Kit and we will be sending you \$10 as a “Thank You”.  
[IF Q4=YES READ:] Now that you’ve had the Parent’s Kit for a while, we’d like to conduct a brief interview with  
you about baby care and the Parent’s Kit.
- (READ IF NEEDED: This should take about 15 minutes and you can stop the interview at any time, if you wish.  
Neither your name or any information about you personally will appear in the research report.)  
**1 - CONTINUE WITH Q7A OR Q8A**  
**2 - SCHEDULE CALLBACK IF NEEDED. ENTER ON CALL RECORD**
- Q7a. (IF MOTHER WAS PREGNANT AT BASELINE READ:) First, let me ask, how is your pregnancy going?  
STILL PREGNANT .....1 - **GO TO Q9**  
BABY WAS BORN.....2 - **GO TO Q7c**  
PROBLEM WITH PREGNANCY/  
MISCARRIAGE/BABY DIED/  
OTHER.....3 - **GO TO Q7b**
- Q7b. **INTERVIEWER NOTE: IF A MISCARRIAGE OR DEATH HAS OCCURED, OFFER TO END THE INTERVIEW.  
CONTINUE ONLY IF THE WOMAN IS COMFORTABLE AND WANTS TO ANSWER THE QUESTIONS.**  
  
CONTINUE OR END INTERVIEW?  
CONTINUE..... - **GO TO Q9**  
END INTERVIEW ..... - **GO TO CONTACT RECORD. CODE AS “11 – other” AND  
EXPLAIN IN COMMENT**

Q7c. And when was the baby born?

MONTH: \_\_\_\_\_ (9=Sept, 10=Oct., 11=Nov., 12=Dec)

DAY: \_\_\_\_\_ (1-31)

YEAR: 2000

Q8A. (IF BABY WAS ALREADY BORN AT BASELINE, READ:) First, let me ask, how are you and the baby doing?

EVERYTHING IS FINE/ R WILL CONTINUE INTERVIEW.....1 - **GO TO Q9**

PROBLEM WITH PREGNANCY/MISCARRIAGE/BABY DIED/OTHER.....2 - **GO TO Q8b**

Q8b. **INTERVIEWER NOTE:** IF A PROBLEM OR DEATH HAS OCCURED, OFFER TO END THE INTERVIEW.  
CONTINUE ONLY IF THE WOMAN IS COMFORTABLE AND WANTS TO ANSWER THE QUESTIONS.

CONTINUE OR END INTERVIEW?

CONTINUE.....1 - **GO TO Q9**

END INTERVIEW .....2 - **GO TO CONTACT RECORD**

Q9. Is this your first baby?

YES.....1

NO .....2

DONT KNOW.....DK

REFUSED .....REF

Q10. Now I have some questions about your opinions on baby care. Please choose the answer that you agree with most. While you might agree with more than one answer, please select the ONE that you agree with most.

**INTERVIEWER NOTE:** FOR Q11-14, IF MOM INSISTS ON ANSWER THAT IS NOT PROVIDED, CODE AS REFUSED.

Q11. Do you believe that newborns should be put to sleep...?

On their stomachs.....1

On their backs.....2

However they sleep best.....3

Or you're not sure.....4

REFUSED .....REF

Q12a. Do you believe that the best way to feed a two-month old baby is with...?

Breast milk only.....1

Formula only.....2

Breast milk and formula.....3

Or you're not sure.....4

REFUSED .....REF

Q12b. Do you think the best age to start feeding your baby cereal or other solid foods is...?

- Between zero and three months old.....1
- Between four to six months old .....2
- Seven or more months old .....3
- Or you're not sure.....4
- REFUSED .....REF

Q13a. Do you think the most important way for babies to learn is...?

- Watching educational TV shows.....1
- Playing with toys.....2
- Playing with adults.....3
- Or you're not sure.....4
- REFUSED .....REF

Q13b. Do you think the best time to start reading to your child is...?

- During their first year .....1
- When they are ages 2 to 4 .....2
- When they are ages 5 to 6 .....3
- Or you're not sure.....4
- REFUSED .....REF

Q14a. Do you believe the most important thing when looking for good quality child care is...?

- New toys and equipment.....1
- Caregivers who teach the alphabet and numbers...2
- Caregivers who respond well to the children.....3
- Or you're not sure.....4
- REFUSED .....REF

Q14b. If you needed someone to take care of your baby during the day, would you know where to look for a phone number to call to get a list of child care providers in your area? Would you say Yes, No, or you're not sure?

- YES.....1 - **GO TO Q14C**
- NO .....2 - **GO TO Q15A**
- YOU'RE NOT SURE.....3 - **GO TO Q15A**
- REFUSED .....REF - **GO TO Q15A**

Q14c. Where might you look for a list of child care providers in your area? [PROBE FOR COMPLETENESS] Where else?

**ENTER VERBATIM COMMENTS**

INTERVIEWER NOTE: "BANANAS" IS THE NAME OF A CHILD CARE PROGRAM IN OAKLAND

**INTERVIEWER NOTE:** IF R CAN NOT NAME ANY PLACE, INDICATE THAT IN VERIFICATION SCREEN

**INTERVIEWER NOTE:** IF YOU LEARN THAT BABY IS ADOPTED, DO NOT ASK Q15A. CODE AS 3.



Q15A. [IF BABY HAS BEEN BORN, ASK] Have you breastfed this baby at any time since the baby was born?

YES.....1 - GO TO Q15B

NO .....2 - GO TO Q16A

BABY ADOPTED.....3 - GO TO 16A

DON'T KNOW.....DK - GO TO Q16A

REFUSED.....REF - GO TO Q16A

Q15B. [IF Q15A=YES, ASK:] Are you still breastfeeding your baby?

YES.....1

NO .....2

DON'T KNOW.....DK

REFUSED.....REF

Q16A If you or a friend wanted to quit smoking, would you know where to get help with quitting? Would you say yes, no, or not sure...?

YES.....1 - GO TO Q16B

NO .....2 - GO TO Q17A

YOU'RE NOT SURE.....3 - GO TO Q17A

REFUSED ..... REF - GO TO Q17A

Q16b. Where might you get help? [PROBE FOR COMPLETENESS] Anywhere else?

ENTER VERBATIM COMMENTS

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**INTERVIEWER NOTE:** IF R CAN NOT NAME ANY PLACE, INDICATE THAT IN VERIFICATION SCREEN

Q17a. If you or someone you knew needed it, would you know where to go or call to sign up for free or low cost medical care for babies? Would you say Yes, No, or you're not sure?

YES.....1

NO.....2

YOU'RE NOT SURE.....3

REFUSED.....REF

Q17b. Are you currently enrolled in any kind of health insurance or other program to get medical care for this baby?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED .....REF

Q17c. Are you currently enrolled in Medi-Cal?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED .....REF

Q18. The following questions are about the Parent's Kit, that brightly colored box with videos and books that you received a few weeks ago [COUNTY/VENUE]. Do you remember when you received the Parent's Kit?

YES.....1 - **GO TO Q21**  
NO OR NOT SURE .....2 - **GO TO Q20**  
DONT KNOW.....DK - **GO TO Q20**  
REFUSED .....REF - **GO TO Q20**

**NOTE: Q19 INTENTIONALLY OMITTED**

Q20. The Parent's Kit came in a yellow and white box with blue, green and red baby blocks. The blocks said, "It's all about the kids." Inside the box, there were some brochures, a Parent's Guide, a little baby book and some videos. Do you remember getting that?

YES.....1 - **GO TO Q21**  
NO .....2 - **GO TO Q32**  
DONT KNOW.....DK - **GO TO Q32**  
REFUSED .....REF - **GO TO Q32**

Q21. When you got the Parent's Kit [COUNTY/VENUE], how did you feel about it? [PROBE FOR COMPLETENESS]  
What else did you feel about it then?

ENTER VERBATIM COMMENTS

Q22a. The person who offered you the Parent's Kit, did she or he open the box and show you what's inside?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED .....REF

Q22B. [IF Q22A=YES, ASK:] How was it to have someone go through the Parent's Kit with you? Was it...?  
[IF Q22A=NO OR DK OR REF, ASK:] How helpful would it have been to have someone go through the Parent's Kit with you? Would you say...

VERY HELPFUL .....1  
SOMEWHAT HELPFUL .....2  
NOT TOO HELPFUL.....3  
DONT KNOW.....DK  
REFUSED .....REF

Q23. There are four parts to the Parent's Kit. Have YOU...(READ LIST IN RANDOM ORDER)

**YES NO DK REF**

A) Read the little cardboard baby book? .....1 .....2 .....DK.....REF  
B) Seen any of the videos? .....1 .....2 .....DK.....REF  
C) Read any of the different colored brochures?.....1 .....2 .....DK.....REF  
D) Read the Parent's Guide book?.....1 .....2 .....DK.....REF

Q24a. Was the baby's father or your partner with you when you first got the Parent's Kit?

YES.....1  
NO .....2  
FATHER NOT AROUND/NO PARTNER (IF VOLUNTEERED) .....3 - GO TO NEXT PROGRAMMER NOTE  
DONT KNOW.....DK  
REFUSED .....REF

Q24B. Has the baby's father or your partner had a chance to.....(READ LIST IN RANDOM ORDER)

**YES NO DK REF**

A) Read the little cardboard baby book? .....1 .....2 .....DK.....REF  
B) Seen any of the videos? .....1 .....2 .....DK.....REF  
C) Read any of the different colored brochures?.....1 .....2 .....DK.....REF  
D) Read the Parent's Guide book?.....1 .....2 .....DK.....REF

**IF Q23B, C AND D AND Q24B B, C AND D ARE ALL = 2 NO, DK or REF or blank, GO TO Q32**

Q25a. So far, in your opinion, has any information in the Parent's Kit been helpful in caring for yourself, your baby, or your family?

YES.....1 - **GO TO Q25B**  
NO .....2 - **GO TO Q26A**  
DONT KNOW .....DK - **GO TO Q26A**  
REFUSED .....REF - **GO TO Q26A**

Q25b. What was that? [PROBE FOR COMPLETENESS] Was anything else in the Parent's Kit helpful?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT NAME ANYTHING, INDICATE THAT IN VERIFICATION SCREEN

Q26a. Have you changed your thinking or done anything differently because of the Parent's Kit?

YES.....1 - **GO TO Q26B**

NO .....2 - **GO TO Q27**

DONT KNOW .....DK - **GO TO Q27**

REFUSED .....REF - **GO TO Q27**

Q26b. What changes did you make? [PROBE FOR COMPLETENESS] Anything else?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT NAME ANYTHING, INDICATE THAT IN VERIFICATION SCREEN

**INTERVIEWER NOTE:** IF YOU LEARN THAT BABY IS ADOPTED, DO NOT ASK Q27 CODE AS 3.

Q27. Has the Parent's Kit helped you with any OF YOUR choices about breastfeeding?

YES.....1

NO .....2

BABY ADOPTED.....3

DONT KNOW .....DK

REFUSED .....REF

Q28a. Now I have a few more questions about babies. Have you heard that shaking a baby can seriously injure a baby? Would you say Yes, No, or you're not sure?

YES.....1 - **GO TO Q28b**

NO .....2 - **GO TO Q29a**

YOU'RE NOT SURE.....3 - **GO TO Q29a**

REFUSED .....DK - **GO TO Q29a**

**INTERVIEWER NOTE:** If R says she knows that shaking a baby is dangerous, code Q28a as YES. In Q28b, enter what R says she knows.

Q28b. What have you heard or do you know about this?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT SAY WHAT SHE HAS HEARD, INDICATE THAT IN VERIFICATION SCREEN

Q28c. Where did you hear or learn about this?

ENTER VERBATIM COMMENTS

Q29a. We are almost finished. How likely are you to use the Parent's Kit in the future? Would you say very likely, somewhat likely, or not too likely?

VERY LIKELY .....1 - **GO TO Q29b**  
SOMEWHAT LIKELY .....2 - **GO TO Q29b**  
NOT TOO LIKELY .....3 - **GO TO Q30**  
DONT KNOW .....DK - **GO TO Q30**  
REFUSED .....REF - **GO TO Q30**

Q29b. How do you think you might use it? [PROBE FOR COMPLETENESS] Any other ways you might use it?

ENTER VERBATIM COMMENTS

Q30. Now that you've had the Parent's Kit for a while, how do you feel about it as a resource for new parents? [PROBE FOR COMPLETENESS] Any other feelings about it as a resource?

ENTER VERBATIM COMMENTS

Q31. Do you think the Parent's Kit should be given to all parents of new babies in California, or not?

YES, GIVEN TO ALL PARENTS.....1  
NO, NOT GIVEN TO ALL PARENTS.....2  
DONT KNOW .....DK  
REFUSED .....REF

**INTERVIEWER NOTE:** IF R HAS DIFFICULTY ANSWERING YES OR NO, REREAD QUESTION AND SAY: If you had to say yes or no, which would you say?

Q32. Now, I have one last question about school. How many years of school have you finished? Would you say...

6 YEARS OR LESS .....1  
7 – 9 YEARS.....2  
10 – 12 YEARS.....3  
VOCATIONAL SCHOOL .....4  
COLLEGE.....5  
DONT KNOW .....DK  
REFUSED .....REF

#### CLOSING

That is all our questions. Thank you very much for your time.

END. TO BE COMPLETED BY INTERVIEWER. WAS INTERVIEW CONDUCTED IN ENGLISH OR SPANISH?

ENGLISH.....1  
SPANISH.....2

## SPANISH VERSION

### FOLLOWUP INTERVIEW FOR PARENT'S KIT SURVEY

(Buenos días)(Buenas tardes), mi nombre es \_\_\_\_\_, le hablo de Field Research Associates. ¿Podría hablar con {R FIRST AND LAST NAME}?

Q1. Bueno, quisiera verificar que estoy hablando con {R FIRST AND LAST NAME} [PAUSE FOR ANSWER] Mi nombre es {INTERVIEWER NAME}. Hace como un mes en {COUNTY/VENUE}, le ofrecieron el Paquete para Padres. Estos materiales venían en una caja de colores brillantes y contenía videos y libros con información para padres y futuros padres de familia. ¿Recuerda haber recibido el Paquete para Padres?

YES.....1 - **GO TO Q4**

NO.....2 - **GO TO Q2**

DONT KNOW.....DK - **GO TO Q2**

REFUSED.....REF - **GO TO Q2**

Q2. ¿Recuerda el Paquete para Padres o lo tiene todavía? [IF NEEDED, SAY: El Paquete para Padres venía en una caja de color amarillo y blanco con bloques de bebé azules, verdes y rojos. Los bloques decían, "Por el bien de los niños". Dentro de la caja, había algunos folletos, una guía para padres, un pequeño libro para bebé y algunos videos. ¿Recuerda haber recibido eso? ]

YES.....1 - **GO TO Q4**

NO.....2 - **GO TO Q2**

DONT KNOW.....DK - **GO TO Q2**

REFUSED.....REF - **GO TO Q2**

Q3. Quisiera confirmar que estoy hablando con {R FIRST NAME AND LAST NAME}

SPEAKING TO CORRECT PERSON.....1 - **GO TO Q4**

NOT SPEAKING TO CORRECT PERSON.....2 - **TRY TO OBTAIN CORRECT PERSON, THEN RESUME AT Q1**

DK/NO SUCH PERSON.....DK - **GO TO CONTACT RECORD. CODE AS INCORRECT CONTACT INFORMATION**

REFUSED.....REF - **GO TO CONTACT RECORD. CODE AS ELIGILITY NOT DETERMINED**

Q4. ¿En estos últimos días recibió una carta que contenía un billete de 10 dólares, recordándole que llamaríamos para hacer una entrevista de seguimiento?

YES.....1 - **GO TO Q6**

NO.....2 - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**

DONT KNOW.....DK - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**

REFUSED.....REF - **IF Q2=NO, DK or REF, GO TO Q5. ELSE GO TO Q6**

Q5. Debe haber un error en nuestros records. Por favor disculpe la molestia y muchas gracias por su ayuda.

**End interviewer - GO TO CONTACT RECORD. CODE AS INCORRECT CONTACT INFORMATION**

- Q6. [IF Q4=NO READ:] Ahora que ha tenido el Paquete para Padres por algún tiempo, nos gustaría hacerle una pequeña entrevista acerca de los materiales y el cuidado infantil, y por su ayuda le enviaremos 10 dólares como muestra de nuestro agradecimiento.  
[IF Q4=YES READ:] Ahora que ha tenido el Paquete para Padres por algún tiempo, nos gustaría hacerle una pequeña entrevista acerca de los materiales y el cuidado infantil.

(READ IF NEEDED: Esto tomará como 15 minutos y puede Ud. detener la entrevista a cualquier momento, si lo desea. Ni su nombre, ni cualquier información personal sobre Ud. aparecerá en el reporte informativo.)

1 - **CONTINUE WITH Q7A OR Q8A**

2 - **SCHEDULE CALLBACK IF NEEDED. GO TO CONTACT RECORD**

- Q7a. (IF MOTHER WAS PREGNANT AT BASELINE READ:) Primero, me gustaría preguntarle, ¿cómo va con su embarazo?

STILL PREGNANT ..... 1 - **GO TO Q9**

BABY WAS BORN..... 2 - **GO TO Q7c**

PROBLEM WITH PREGNANCY/MISCARRIAGE/BABY DIED/OTHER ..... 3 - **GO TO Q7b**

- Q7b. **INTERVIEWER NOTE:** IF A MISCARRIAGE OR DEATH HAS OCCURED, OFFER TO END THE INTERVIEW. CONTINUE ONLY IF THE WOMAN IS COMFORTABLE AND WANTS TO ANSWER THE QUESTIONS.

CONTINUE OR END INTERVIEW?

CONTINUE..... 1 - **GO TO Q9**

END INTERVIEW..... 2 - **GO TO CONTACT RECORD. CODE AS PROBLEM CASE AND EXPLAIN IN COMMENT**

- Q7c. ¿Y cuándo nació su bebé?

Month: \_\_\_\_\_ (9=Sept, 10=Oct., 11=Nov., 12=Dec)

Day: \_\_\_\_\_ (1-31)

Year: 2000

- Q8A. (IF BABY WAS ALREADY BORN AT BASELINE, READ:) Primero, quisiera saber, ¿cómo estan Ud. y su bebé?

EVERYTHING IS FINE/ R WILL CONTINUE INTERVIEW..... 1 - **GO TO Q9**

PROBLEM WITH PREGNANCY/MISCARRIAGE/BABY DIED/OTHER ..... 2 - **GO TO Q8b**

- Q8b. **INTERVIEWER NOTE:** IF A PROBLEM OR DEATH HAS OCCURED, OFFER TO END THE INTERVIEW. CONTINUE ONLY IF THE WOMAN IS COMFORTABLE AND WANTS TO ANSWER THE QUESTIONS.

CONTINUE OR END INTERVIEW?

CONTINUE..... 1 - **GO TO Q9**

END INTERVIEW..... 2 - **GO TO CONTACT RECORD**



Q9. ¿Es éste su primer bebé?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED .....REF

Q10. Ahora, tengo algunas preguntas sobre su opinión acerca del cuidado infantil. Por favor escoja la respuesta con la que más esté de acuerdo. Aunque pueda estar de acuerdo con más de una respuesta, por favor seleccione sólo UNA con la que más esté de acuerdo.

**INTERVIEWER NOTE:** FOR Q11-14, IF MOM INSISTS ON ANSWER THAT IS NOT PROVIDED, CODE AS REFUSED.

Q11. ¿Cree Ud. que se debe poner a dormir a los bebés recién nacidos...?

Boca abajo .....1  
Boca arriba .....2  
De la forma en la que duerman mejor.....3  
O no esta segura.....4  
REFUSED .....REF

Q12a. ¿Cree Ud. que la mejor forma de alimentar a un bebé de dos meses de edad es con...?

Leche materna solamente.....1  
Fórmula solamente .....2  
Leche materna y fórmula.....3  
O no esta segura.....4  
REFUSED .....REF

Q12b. ¿Cree Ud. que la mejor edad para comenzar a darle cereal u otros alimentos sólidos al bebé es...?

Entre cero y tres meses de edad .....1  
Entre cuatro y seis meses de edad.....2  
Siete o más meses de edad .....3  
O no está segura.....4  
REFUSED .....REF

Q13a. ¿Piensa Ud. que la forma más importante de que los bebés aprenden es...?

Mirando programas educativos de TV.....1  
Jugando con juguetes.....2  
Jugando con adultos.....3  
O no esta segura.....4  
REFUSED .....REF

Q13b. ¿Piensa Ud. que la mejor época para comenzar a leer a su niño/a es....?

Durante el primer año .....1  
Durante las edades de 2-4 .....2  
Durante las edades de 5-6.....3  
O no esta segura. ....4  
REFUSED .....REF

January 22, 2001

Q14a. ¿Piensa Ud. que lo más importante cuando se busca servicio para el cuidado infantil de buena calidad es que el lugar tenga...?

- Juguetes y equipo nuevo.....1
- Personas que enseñan el alfabeto y los números.....2
- Personas que respondan bien a las necesidades de los niños.....3
- O no esta segura.....4
- REFUSED.....REF

Q14b. Si Ud. necesitara encontrar a alguien para que cuidara a su bebé durante el día, ¿sabría Ud. dónde buscar un número de teléfono al cual llamar para obtener una lista de personas que proveen este servicio en su área?  
¿Diría que sí, no, o no está segura?

- Sí.....1 - **GO TO Q14c**
- No.....2 - **GO TO Q15a**
- O no esta segura?.....3 - **GO TO Q15a**
- REFUSED .....REF - **GO TO Q15a**

Q14c. ¿Dónde encontraría una lista de proveedores de cuidado infantil en su área? [PROBE FOR COMPLETENESS]  
¿Dónde más?

ENTER VERBATIM COMMENTS

INTERVIEWER NOTE: IF R CAN NOT NAME ANY PLACE, GO BACK TO Q14B AND RECODE AS 2 (NO)

Q15A. [IF BABY HAS BEEN BORN, ASK] ¿Le ha dado el pecho alguna vez a este bebé desde que nació?

- YES.....1 - **GO TO Q15b**
- NO.....2 - **GO TO Q16a**
- DONT KNOW.....DK - **GO TO Q16a**
- REFUSED.....REF - **GO TO Q16a**

Q15B. [IF Q15A=YES, ASK:] ¿Todavía le sigue dando el pecho a su bebé?

- YES.....1
- NO.....2
- DONT KNOW.....DK
- REFUSED.....REF

Q16A Si Ud. o un/a amigo/a quisiera dejar de fumar, ¿sabría Ud. dónde encontrar ayuda para dejar de fumar?  
¿Diría que ...?

- Sí.....1 - **GO TO Q16b**
- No.....2 - **GO TO Q17a**
- O no esta segura.....3 - **GO TO Q17a**
- DONT KNOW.....DK - **GO TO Q17a**
- REFUSED.....REF - **GO TO Q17a**

Q16b. ¿Dónde encontraría ayuda? [PROBE FOR COMPLETENESS] ¿En algún otro lugar?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT NAME ANY PLACE, GO BACK TO Q16a AND CODE AS 2 (NO)

Q17a. Si Ud. o alguien a quien Ud. conoce lo necesitara, ¿sabría Ud. A dónde ir o dónde llamar para anotarse en un programa de servicio de salud gratuito o de bajo costo para bebés? ¿Diría que sí, no, o no está segura?

Sí.....1  
No .....2  
O no esta segura?.....3  
REFUSED.....DK

Q17b. ¿Está Ud. inscrita en este momento en algún tipo de programa de seguro de salud u otro programa para obtener servicios de salud para su bebé?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED.....REF

Q17c. ¿Está Ud. en este momento inscrita en Medi-Cal?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED.....REF

Q18. Las siguientes preguntas se refieren el Paquete para Padres, la caja de colores con vídeos y libros que Ud. recibió hace unas semanas en [COUNTY/VENUE]. ¿Recuerda cuándo recibió el Paquete para Padres?

YES.....1 - **GO TO Q21**  
NO OR NOT SURE .....2 - **GO TO Q20**  
DONT KNOW.....DK - **GO TO Q20**  
REFUSED.....REF - **GO TO Q20**

NOTE: Q19 INTENTIONALLY OMITTED

Q20. El Paquete para Padres venía en una caja de color amarillo y blanco con bloques de bebé azules, verdes y rojos. Los bloques decían, “Por el bien de los niños”. Dentro de la caja, había algunos folletos, una guía para padres, un pequeño libro para bebé y algunos vídeos. ¿Recuerda haber recibido eso?

YES.....1 - **GO TO Q21**  
NO .....2 - **GO TO Q32**  
DONT KNOW.....DK - **GO TO Q32**  
REFUSED .....REF - **GO TO Q32**

Q21. Cuando Ud. recibió el Paquete para Padres [COUNTY/VENUE], ¿cómo se sintió? [PROBE FOR COMPLETENESS] ¿Qué más sintió en ese momento?

ENTER VERBATIM COMMENTS

Q22a. Cuando Ud. recibió el Paquete para Padres, ¿la persona que se la dio abrió la caja y le mostró lo que había adentro?

YES.....1  
NO .....2  
DONT KNOW.....DK  
REFUSED .....REF

Q22B. [IF Q22A=YES, ASK:] ¿Qué tal le pareció que alguien revisara el Paquete para Padres junto con Ud.? ¿Fue ...?  
[IF Q22A=NO OR DK OR REF, ASK:] ¿Qué tan útil hubiera sido que alguien revisara el Paquete para Padres junto con Ud.? ¿Diría Ud. que fue ...?

Muy útil .....1  
Algo útil.....2  
O no tan útil.....3  
REFUSED .....REF

Q23. El Paquete para Padres tiene CUATRO partes. ¿Ha...(READ LIST IN RANDOM ORDER)?

YES NO DK REF

A) Leído el pequeño libro de cartón para bebé.....1 .....2 .....DK.....REF  
B) Visto alguno de los vídeos .....1 .....2 .....DK.....REF  
C) Leído alguno de los folletos de colores.....1 .....2 .....DK.....REF  
D) Leído la guía para padres .....1 .....2 .....DK.....REF

Q24a. ¿Estaba el papá del bebé o su pareja con Ud. cuando recibió el Paquete para Padres?

YES.....1  
NO .....2  
FATHER NOT AROUND/NO PARTNER (IF VOLUNTEERED) .....3  
DONT KNOW.....DK  
REFUSED .....REF

Q24B. ¿Ha tenido el papá del bebé o su pareja la oportunidad de...(READ LIST IN RANDOM ORDER)?

YES NO DK REF

A) Leer el pequeño libro de cartón para bebé.....1 .....2 .....DK.....REF  
B) Ver cualquiera de los vídeos.....1 .....2 .....DK.....REF  
C) Leer cualquiera de los folletos de colores .....1 .....2 .....DK.....REF  
D) Leer la guía para padres.....1 .....2 .....DK.....REF

**IF Q23B, C AND D AND Q24B B, C AND D ARE ALL = 2 NO, DK or REF or blank, GO TO Q32**

Q25a. Hasta ahora, en su opinión, ¿alguna información del Paquete para Padres le ha servido de ayuda para cuidarse a Ud. misma, a su bebe, o a su familia?

YES.....1 - **GO TO Q25b**  
NO .....2 - **GO TO Q26a**  
DONT KNOW .....DK - **GO TO Q26a**  
REFUSED .....REF - **GO TO Q26a**

Q25b. ¿Qué le ayudó? [PROBE FOR COMPLETENESS] ¿Algo más le sirvió de ayuda del Paquete para Padres?

ENTER VERBATIM COMMENTS

INTERVIEWER NOTE: IF R CAN NOT NAME ANYTHING, GO BACK TO Q25A AND RECODE AS 2 (NO)

Q26a. ¿Ha cambiado de opinión o ha hecho algo diferente como resultado del Paquete para Padres?

YES.....1 - **GO TO Q26b**

NO .....2 - **GO TO Q27**

DONT KNOW .....DK - **GO TO Q27**

REFUSED .....REF - **GO TO Q27**

Q26b. ¿Qué cambios ha hecho? [PROBE FOR COMPLETENESS] ¿Algo más?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT NAME ANYTHING, GO BACK TO Q26A AND RECODE AS 2 (NO)

Q27. ¿Le han ayudado el Paquete para Padres con alguna de sus decisiones acerca de dar el pecho?

YES.....1

NO .....2

DONT KNOW.....DK

REFUSED .....REF

Q28a. Ahora tengo unas preguntas sobre los bebés. ¿Ha oído que sacudir a un bebé puede lastimarlo o lesionarlo gravemente? ¿Diría que sí, no, o no está segura?

YES.....1 - **GO TO Q28b**

NO .....2 - **GO TO Q29a**

YOU'RE NOT SURE.....3 - **GO TO Q29a**

REFUSED .....REF - **GO TO Q29a**

**INTERVIEWER NOTE:** If R says she knows that shaking a baby is dangerous, code Q28a as YES. In Q28b, enter what R says she knows.

Q28b. ¿Qué ha oído o qué sabe acerca de esto?

ENTER VERBATIM COMMENTS

**INTERVIEWER NOTE:** IF R CAN NOT SAY WHAT SHE HAS HEARD, GO BACK TO Q28A AND RECODE AS 2 (NO)

Q28c. ¿Dónde lo oyó o recibió información sobre esto?

ENTER VERBATIM COMMENTS

Q29a. Casi terminamos. ¿Cree Ud. que es posible que use en el futuro el Paquete para Padres? ¿Cree que es muy posible, algo posible, o no tan posible?

Muy posible .....1 - **GO TO Q29b**

Algo posible .....2 - **GO TO Q29b**

O no tan posible .....3 - **GO TO Q30**

REFUSED .....DK - **GO TO Q30**

Q29b. ¿Cómo cree que lo usaría? [PROBE FOR COMPLETENESS] ¿Lo usaría de alguna otra manera?

ENTER VERBATIM COMMENTS

Q30. Ahora que ya ha tenido el Paquete para Padres por algún tiempo, ¿cree que ha sido una fuente de información para nuevos padres? [PROBE FOR COMPLETENESS] ¿Tiene alguna otra opinión acerca de los materiales como fuente de información?

ENTER VERBATIM COMMENTS

Q31. ¿Piensa que el Paquete para Padres debería ser distribuido a todos los padres de recién nacidos en California, o no?

YES, GIVEN TO ALL PARENTS .....1

NO, NOT GIVEN TO ALL PARENTS .....2

DONT KNOW .....DK

REFUSED .....REF

**INTERVIEWER NOTE:** IF R HAS DIFFICULTY ANSWERING YES OR NO, REREAD QUESTION AND SAY: Si Ud. tuviera que decir sí o no, ¿cómo respondería?

Q32. Ahora, la última pregunta es sobre la escuela. ¿Cuántos años de escuela Ud. ha terminado? ¿Diría que ...?

Seis años o menos.....1

Siete a nueve años.....2

Diez a doce años.....3

Escuela ocupacional.....4

O universidad .....5

DONT KNOW .....DK

REFUSED .....REF

#### CLOSING

Estas son todas las preguntas. Muchas gracias por su colaboración.

END. TO BE COMPLETED BY INTERVIEWER. WAS INTERVIEW CONDUCTED IN ENGLISH OR SPANISH?

ENGLISH.....1

SPANISH.....2

# **APPENDIX C**

## **Interview Guide: Focus Groups**



## Provider Focus Group Questions

Karen Sokal-Gutierrez 11/1/00

<Schedule 1 - 2 hours for focus group; have lunch>

Sign-In Sheet: provider name, degrees, job title, work setting (prenatal, hospital, home visit), language(s)

**Introduction:** <TIME: 10 minutes>

On behalf of UC Berkeley Center for Community Wellness and the CA Commission on Children and Families (Prop 10), we'd like to thank each and every one of you for your extraordinary efforts over past month participating in the pilot-test of The Parentís Kit. We know that it can be both exciting and challenging to try out something new. But we're confident that your experience with The Kit will be valuable in giving the State the feedback needed to launch broader distribution of The Kit to all new parents in CA. As you know, this pilot test of The Kit was done in only 5 counties; and the feedback from you and from the parents who received The Kit will help determine how it's distributed across the state in the new year.

Here's how we will obtain feedback from the pilot study of The Kit:

1. Information from parents: Follow-up telephone interviews of the 500 moms who received the Kit; and with dads who used The Kit

Information from health providers who distributed The Kit: 7 Focus groups with approximately 30-40 providers

So this is your chance to make your voice heard! We value your experience with The Kit and we really want to hear your ideas.

Before we begin with our questions, I'd like everyone to introduce themselves

Now, we'd like to spend approximately 1 hour getting your feedback on The Kit. We want to focus on:  
your assessment of the value of The Kit  
the process you went through orienting new moms to The Kit  
your recommendations for the future distribution of The Kit.

We won't talk today about the study consent and survey since they won't be part of the future dissemination of The Kit.

(If we tape record the session, explain that it's to be sure to capture all their comments; reassure them that we may use some quotes from them but their names will not be used in the report; and ask everyone's permission to tape record.)

Focus Group Questions:

**Discussion about moms' reactions to The Kit:** <TIME: 10 minutes>

1. When you gave the moms The Kit and oriented them to it, how did they seem to react to The Kit?

What factors might have led to a more enthusiastic reaction?

What factors might have led to a less enthusiastic reaction?

How would you assess the appropriateness of the literacy level of the written materials in The Kit for the moms you work with?

**Discussion of providers' reactions to The Kit: <TIME: 10 minutes>**

2. Which of the materials in The Kit did you personally have the chance to use: Did you have a chance to view the videos? To read the Parent's Guide? To read the brochures? To read the baby book?

What materials did you find most helpful and why?

**Discussion of distributing The Kit to parents: <TIME: 20-30 minutes>**

3. Approximately how much time did it take you to orient the moms to The Kit?

How helpful were the 'What To Do' procedures from the training? How did you change the procedures to orient the moms to The Kit?

Did the moms have a question or concern that you looked for information about in The Kit? What were their questions or concerns?

What were the challenges in orienting the moms to The Kit?

(For prenatal and home visiting only) How well did materials in The Kit fit into your regular health education responsibilities on your job? How could The Kit be helpful for you in the future?

(For hospital only) Although you distributed The Kit to moms for this pilot, not a regular hospital employee, the county might want to consider giving out The Kit routinely in the hospital in the future. How could distributing The Kit to new parents be incorporated into the regular health education responsibilities of hospital staff? How could The Kit be helpful for hospital staff in the future?

**Discussion of ideas for the future: <TIME: 15-20 minutes>**

4. If you were helping design a plan for distributing The Kit to every new family in California:

How and in what setting would you recommend distributing it?

What suggestions would you have for training providers about The Kit?

Do you have any suggestions about storing and handling The Kits at your site?

Do you have any other comments you'd like to share about The Kit?

# **APPENDIX D**

## **Training for Kit Providers**

# Training Agenda: Parent's Kit

Karen Sokal-Gutierrez 9/18/00

## 1. Introductions

## 2. Background on Prop 10 & Parent's Kit project

- tobacco tax—funds for early childhood development and health (prenatal-5yr): prenatal and child health; family support/parent educ; child care and development
- 80% of funds at county level—distrib to projects based on local plans
- 20% of funds at state level—special statewide initiatives incl education/training for parents and child care providers

*Parent's Kit*: educational materials for all new parents in CA—contract to UCB

School of Public Health Wellness Project to develop some of mats and pilot test Kit

## 3. Orientation to *Parent's Kit*:

Handout: Flyer

Show Kit—Brainstorm about theme of building blocks: “Parenting is like *building blocks* because...” (build knowledge; sometimes fall then stack up again, lots of different sides, some sharp edges?...)

### General:

- address prenatal care, child development, health and safety
- special focus on prop 10 issues: early brain development, literacy, high quality child care, access to health care, smoking prevention/cessation
- up-to-date info (e.g., of changing booster seat recs right before press)
- basic info, what you can do, where to go for more help
- low-middle literacy level
- attractive: primary colors, photos of children and families
- English and Spanish versions

### a. Parent's Guide

- Adaptation of Wellness guide—empowerment with info, support, resources, choices—results of study on effectiveness
- Parent's Guide—development and revision based on focus-groups—everyday reference
- Layout of Guide:
  - Table of Contents (general)
  - Index (specific)
  - How to Use This Guide: Yellow Pages Community Services
  - Tips for Phoning Community Services (inside back cover)
- Layout of Spread: e.g.,: For the new moms you'll be working with, what might be a common concern? Go to spread:
  - Visual of 2 pp, photos, boxes
  - Read aloud 1<sup>st</sup> paragraph—draw you in, supportive tone

- Things You Can Do
- Where to Find Help: Local Yellow Pages, State toll-free numbers, websites

**b. Brochures (13)**

- each brochure on separate topic-- List
- based on info in Parent's Guide
- color grouped: blue/nutrition, red/safety
- layout: Tips on inside front cover; Things you can do; Resources on inside back cover

**c. Videos (5)**

- Topics: 1<sup>st</sup> years; early literacy; quality child care; health; safety
- narrated by celebrities (e.g., Felicia Rashad, Gloria Estefan); interviews with experts (e.g., Brazelton)
- full of info, examples of what to look for and what to do (e.g., looking in baby's face for interaction)
- very cute children and loving parents, family, caregivers
- reassure parents: okay to have doubts about our abilities as parents; normal to feel overwhelmed by demands of parenting/work (e.g., mom tearfully describing search for child care when returning to work); get as much info as possible and do best we can

Video clip: 1<sup>st</sup> years or Child Care

**d. Baby book: Counting with animals**

- message: cuddle up and read to baby from youngest age—good for physical closeness, bonding, learning sounds of voice, give and take of reading/questions, early literacy
- small, cardboard book, colorful, beautiful illustrations
- lots in book to discuss: look at the animal, things about the animal (fish has sharp teeth—needs to brush teeth?), what it's doing (e.g., monkey swinging from tree), sounds they make (e.g., bird says tweet), sing song about animal (e.g., 3 blind mice), discuss pictures (e.g., birds mommy and daddy feeding baby), numbers, colors...

**4. Pilot Test Evaluation of Parent's Kit**

- Subjects: 400-500 “new moms” in Alameda, Santa Clara, LA, Modoc, Lassen  
(Note: everyone may get kits, only some partic in eval)
- Methods:
  - distribute Kits to moms in 3 settings: prenatal clinic; delivery hospital; post-partum/infant home visit
  - before receive materials: pre-test survey by health provider giving materials (10 min?)
  - follow-up after review materials: telephone interview by survey organization after 6-7 weeks; focus group discussion for some parents; focus group discussion for health providers
- Timeframe: Oct distribute Kits, Nov-Dec phone follow-up by survey org.

## Handout: What to Do

(Give numbers of study participants for their county)

- get consent to participate in study  
Form Handout: Participant Consent
- do baseline survey for study Handout: Baseline Questionnaire;  
Interviewer Training Manual
- demonstrate how to look for 1 piece of info together:
  - Is there a particular question or concern you have about parenting, child health, nutrition, safety, child care, etc?
  - Identify where to look in Parent's Guide, brochures, videos
- orient to entire Kit

**Brainstorm: How to fit the Kit into your work?** Already overloaded with many responsibilities—not one more thing to do! How does the Kit help accomplish your goals in your work (e.g., educating pregnant women and new parents on health, safety, etc.) Discuss (flip chart): Challenges, Opportunities

## Practice scenario: Role Play

Materials: What To Do, Consent Form, Baseline Questionnaire;

*Parent's Kit:* Parent's Guide, yellow pages , brochures, videos, baby book

- consent
- baseline questionnaire
- select/demonstrate topic: info and resources in guide, brochure, video
- orient to Kit

Prenatal: (group vs. individual?):

- What should I do during pregnancy to have a healthy baby? OR
- Can I breastfeed? OR
- How do I find good child care for my baby?

Hospital:

- What's the best way to feed my baby?
- What's the safest way to put my baby down to sleep?
- What's the safest way to drive the baby in the car?
- How do I find health care for my baby?
- How do I find good child care for my baby?

Home visit:

- Am I doing okay with feeding my baby?
- What's the safest way to put my baby down to sleep?
- How do I make sure my home is safe for the baby?
- What's the safest way to drive the baby in the car?

- How do I find health care for my baby and when are the next baby shots due?
- How do I find good child care for my baby?
- How should I help my baby start learning?

## **Parent's Kit: What To Do**

*(This should take approximately 10-15 minutes)*

**Step #1:** Introduce yourself and the *Parent's Kit*—videos and written materials about pregnancy and the care of young children from newborns to age 5.  
This is a gift from the State of California for her to keep.

**Step #2:** Request the mom's consent to participate in the "study" to get her opinion on parenting and baby care issues. Participating involves answering some brief questions now, and then later (in about 6-7 weeks) by phone.

- If she agrees to participate, read and sign the *Participant Consent Form*. Then proceed to Step #3.
- If she doesn't agree to participate, proceed to Step #4.

**Step #3:** Complete the *Baseline Questionnaire* for the study. Offer her the option:

- You can read the questions to her and record her answers. OR
- She can complete the questionnaire by herself, with your help if she needs it.

**Step #4:** If the mom answers the last survey question (#9) that she has a particular concern, proceed to Step #5.

If the mom didn't complete the Questionnaire or she didn't state a particular question or concern, encourage her to identify a topic of interest:

*"I know a lot of things have changed since our moms has us as babies—like recommendations for feeding babies, how to put babies down to sleep, car safety, reading to your baby, finding medical care and child care... Is there anything special you might want to get the latest information about?"*

**Step #5:** Demonstrate how to look for the answer to her question in the:

- *Parent's Guide* (and *Yellow Pages*)
- *Brochures*
- *Videos*

**Step #6:** Briefly orient the mom to the rest of the Kit:

- other topics of interest
- the *Baby Book*

**Step #7:** Thank the mom for her time and encourage her to use the materials to help make a difference in the health, safety, and development of her baby.



# **APPENDIX E**

## **Consent Forms (English and Spanish Version)**

## Talking with Parents

### *Participant Consent Form*

The School of Public Health of the University of California at Berkeley is asking parents about health and family issues. We're asking these questions so we will better understand whether the Parent's Kit we'll give you today meets your needs for information. We would like your help with this.

---

**By signing this form, I understand the following:**

- I agree to be interviewed now on health and family issues for parents and to give a few facts about myself. The interview will take about 10 minutes, and I can stop at any time I want. I will get the kit whether or not I agree to the interview or finish it. Neither my name nor any information identifying me will be in the research report.
- I will be asked to take part in a second short interview in about 6 weeks. This second interview will be by telephone. It will be my choice whether or not I agree to be interviewed.
- I may also be asked to take part in a group interview with 7-10 other parents. It will be my choice whether or not I take part in the group interview. If I do, I will receive a gift for grocery purchases as a thank-you for my contribution to this study.

**I agree to participate in this study "Talking with Parents"**

1. Participant signature \_\_\_\_\_ 2. Date \_\_\_\_\_
2. Print name \_\_\_\_\_
3. Phone number at home (\_\_\_\_) \_\_\_\_\_
4. Address at home (so we can send a letter shortly before we  
call) \_\_\_\_\_
5. The name of someone not living with me who usually knows where I am (to help us in case we have  
difficulty reaching you by phone) \_\_\_\_\_
6. Phone number of this person (\_\_\_\_) \_\_\_\_\_
7. My relationship to this person \_\_\_\_\_
8. Interviewer signature \_\_\_\_\_ 9. Date \_\_\_\_\_
10. Print name \_\_\_\_\_

# Conversando con los Padres

## Formulario de Consentimiento

La Escuela de Salud Pública de la Universidad de California en Berkeley está preguntando a los padres sobre temas de la familia y la salud. Estamos realizando estas preguntas para comprender mejor si el Paquete para Padres que se le entregará hoy satisface su necesidad de información. Nos gustaría tener su ayuda para lograr este objetivo.

### Al firmar este formulario, entiendo lo siguiente:

- Estoy de acuerdo en que se me haga una entrevista ahora sobre temas para padres sobre la familia y la salud y también estoy de acuerdo en dar algunos datos acerca de mí mismo/a. La entrevista tomará unos 10 minutos, y puedo parar en cualquier momento que yo quiera. Se me dará el Paquete independientemente de la entrevista y aun si, una vez comenzada no la termino. Ni mi nombre, ni ninguna información que me identifique se mencionará en el reporte de investigación.
- Se me pedirá la participación en una segunda entrevista corta en unas 6 semanas. Esta segunda entrevista será telefónica. Será mi elección participar o no en esta segunda entrevista.
- También puede ser que se me pida la participación en una entrevista de grupo con otros 7-10 padres. Será mi elección participar o no en esta segunda entrevista de grupo. Si acepto participar se me dará un cupón de regalo para la compra de alimentos como agradecimiento por mi participación en este estudio.

### Acepto participar en este estudio "Conversando con los Padres"

1. Firma del Participante \_\_\_\_\_ 2. Fecha \_\_\_\_\_

2. Nombre Impreso \_\_\_\_\_

3. Teléfono en la casa (\_\_\_\_) \_\_\_\_\_

4. Dirección de la casa (para poder enviarle una carta antes de llamarlo)

\_\_\_\_\_

5. Nombre de alguien que no vive conmigo normalmente, pero que generalmente sabe dónde estoy. (Para el caso que tengamos dificultad en contactarla/o) \_\_\_\_\_

6. Teléfono de esta persona (\_\_\_\_) \_\_\_\_\_

7. Mi relación con esta persona \_\_\_\_\_

8. Firma del Entrevistador \_\_\_\_\_ 9. Fecha \_\_\_\_\_

10. Nombre Impreso \_\_\_\_\_

# **APPENDIX F**

## **Parents' Quotes About the Parent's Kit**

## **PARENTS' QUOTES ABOUT THE PARENT'S KIT**

### **INITIAL REACTIONS**

"I felt real proud because I felt that the people cared about you and your baby. I really appreciated that."

"I was really impressed. With my other baby I didn't receive that. I felt wonderful."

"I felt happy because I was afraid of how to care for my baby, since it's my first one. I knew this kit would be of great help. "

"I was really interested in seeing if there were any changes since I had my other child who's 9 years old."

"I liked it very much. There's a lot of information, a lot of it is new for me even though this is my 4<sup>th</sup> baby."

"I'd been to Toys R Us and I saw something like it and I wanted it so badly but it cost forty dollars. But when I went to the WIC clinic and got the kit for free I was very happy, extremely happy. It's very educational."

"It made me very happy because all the information was in Spanish. I felt very privileged."

"They are well presented, well explained from birth to 7<sup>th</sup> year."

"Good, very complete information, gives a lot of information that we lack in preparing to have a baby."

### **USE and HELPFULNESS**

"This is our first baby and I didn't know how to care for my baby. But the video and the papers showed me a lot."

"It's my first baby and not all first time moms have a full idea. And I don't have many friends here. So it's very helpful."

"I think they are good, especially for us first time moms, especially being away from my family and my mom to guide me."

"My other children are teens and I thought I knew everything after 3 kids. But I learned something new-- details about how to take care of the baby."

"I like the healthy baby video. It's been five years since I had a baby so it kind of takes you back. Like the immunizations—it's good to know when your baby is supposed to have their shots."

“It gives me good ideas about how to bring up the child: What are possible problems, how to avoid them, and how to solve them without being too harsh to the baby.”

"A lot of things I didn't know, like shaking the baby can kill."

“I have an 8 year old child with problems with his teeth. The Kit help get information on where to take him.”

“I learned that one has to talk to the baby so that he can develop better.”

“Where to get counseling for parents and what questions to ask. It answered a lot of questions. It was reassuring and informative.”

“To refresh my memory because one tends to forget and this is a good way to review the material.”

“These is a lot of good information in there. It reminds me to do things like put the safety plastic plugs in and out away the medication.”

## **DONE DIFFERENTLY (CHANGES)**

“I’m taking care of myself more now during pregnancy.”

“Before, I didn’t go often for prenatal care. Now I’m really going.”

“I learned how to read to the baby and when to start. I’m very happy I started reading and talking with my baby while he was in my stomach, and the father has a bond with the baby because he talked to him too.”

"With my daughter, I always put her to sleep on her stomach, but after I got the Kit now I put my new son on his back."

“I have 5 children and I’d never wanted to breast feed at all. Now at least I gave it a try. “

“I’m trying to change different habits, like how they say you can’t really spoil them. If they want something now, I try to figure out what it is. The communication, talking to them, listening to them, paying attention to what their needs are. With my 19 month old, I’m really giving her a lot of attention.”

“Before, I’d just let my daughter watch TV. Now I spend more time with her.”

“I learned to read to my girl and to be more patient. I’m actually being more patient. Now I let her help with things, to motivate her.”

“I’ve learned to pay more attention to my older children. I used to read to them sometimes, but now I sit down often and read to them.”

“More communication with the older child. How to minimize friction with the child. How to calm her and myself when there is confrontation.”

## **USE IN FUTURE**

“I plan to show it to my sister who has a 3 month old baby.”

“I think it’s good! My sister-in-law is going to have her first child in Colorado and I’m going to send it to her when I’m finished with it.”

“I’ll use it to read and learn more, and to enlighten other people.”

“I would definitely give it to someone who doesn’t have too much help and say, “Hey, look at this!”

“All my neighbors have babies and I’m inviting them to come see the videos.”

“When I have any doubts, I can always look it up and find the answer.”

“I’ll use it putting into practice what the Kit advises.”

“I would watch the videos again and I would share them with my friends, so that they can also learn. Also to review the material because I may forget some things.”

## **RECOMMENDATIONS FOR DISTRIBUTION TO PARENTS**

“I think it’s a very good resource. Everybody should have one. They can learn a lot of different things.”

“I think it will be very helpful for *both* parents to watch if they are in the home. They could see it and hear it together.”

“It gives complete information to first time parents. Also to parents with other children because sometimes we don’t have all the information we need.”

“I wish I’d had the Kit with my first child. It will be helpful for new parents who need a lot of answers, which the material gives a lot.”

“I’d heard information before the Kit but it was not completely right. The Kit is very complete and offers phone numbers which you can save for future use.”

“The information it offers helps parents cope with problems that come up as the baby grows.”

“This has a lot of information. Because we think we know things and that’s not always the case.”

“I feel that’s a great program, it’s great to be informed, teaching how to read to children and share time with children and take advantage of that information for the future. It is a good reassurance and reminder.”